

**This form should be completed by the legal guardian of the person participating in the activity.
Complete this form and bring it to the activity.**

Guardian's Statement of Responsibility

On behalf of _____, for whom I am legal guardian, I authorize
participation in the _____ activity on _____.
(Name of Activity) (Date)

I have been informed of the scope of this activity.

I will provide supervision for my ward and I or my designee will be responsible for authorizing any needed emergency medical treatment.

I understand that my ward may become injured or ill during the activity. I agree if this occurs through no negligence on the part of activity provider, I will not hold the activity provider or its employees liable for the illness or injury.

I understand that this is a public event and photographs, videos, or other images may be taken of me and or my ward and may be used in connection with promotion of such activities without compensation.

I have read any rules and conditions applicable to the activities made available to me. I will pay any costs and fees for the activities, and I acknowledge my participation is at the discretion of the activity's provider.

I have fully disclosed to the activity staff all pertinent facts about my ward's needs; and acknowledge full responsibility if I have failed to disclose any pertinent information.

(Legal Guardian's Signature)

(Date)