

PARENTAL CONSENT FORM FOR MINORS (UNDER 18 YRS.)

BY SIGNING THIS DOCUMENT, YOU ARE FORMALLY ACKNOWLEDGING AND CONSENTING TO ALL RISKS ASSOCIATED WITH YOUR CHILD'S PARTICIPATION IN THE OUTDOOR TRAINING ACTIVITIES WITH ALGONQUIN COLLEGE'S OUTDOOR TRAINING PROGRAMS.

PLEASE READ THIS CAREFULLY

TO: ALGONQUIN COLLEGE

DEFINITION

In this document the term "Outdoor Training Activities" shall include all activities in any way related to the Outdoor Adventure, Adventure Naturalist, or Forestry Technician programs, including, but not limited to, orientation and instruction sessions; transportation or travel to and from program activities, loading and unloading of vehicles; all activities while participating in the program, and accommodation (if applicable).

CONSENT AND ASSUMPTION OF RISK

As the parent(s) or guardian(s) of the student noted below, I/we agree and consent to our child's participation in Outdoor Training Activities, and in coming to this decision have informed myself of the risks associated with those activities. I/we extend this consent from the first day of the program until my child reaches the age of 18.

REFERENCE TO SEPARATE DOCUMENT (Attached)

I acknowledge and confirm that I/we have read, understood, and signed the separate document entitled RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT.

_____ Initial here

I am aware that by signing this form below, I am consenting to my child's participation and acknowledge that I have assumed all risks associated with Outdoor Training Activities, and have agreed to indemnify Algonquin College, which is binding upon myself, my heirs, next of kin, executors, administrators and assigns.

This consent form must be completed in full, signed, dated, and returned to Algonquin College, along with the attached waiver form, before the first day of class.

NAME OF STUDENT _____

PROGRAM (please circle the applicable program):

Outdoor Adventure Adventure Naturalist Forestry Technician

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

NAME OF WITNESS _____

SIGNATURE OF WITNESS _____ DATE _____

