

## ROPES COURSE RELEASE

### **Informed Consent Form (For a Minor)**

I, the undersigned, as parent/legal guardian of the below named child, consent to his/her participation in the High and Low Ropes Course/Zip Line/Climbing Wall Center and all surrounding activities operated by Camp Shalom of Central Florida. I further agree that in consideration of the acceptance of my child's participation, I, the undersigned, on behalf of myself and as parent or legal guardian of the minor participant, for themselves, their heirs, executors, administrators, successors and assignees, do hereby release and discharge Camp Shalom of Central Florida, volunteers, support staff, sponsors and employees from any and all claims, damages, demands and causes of action arising from or out my child's participation in this program.

I do attest and verify that my child is physically fit to participate in strenuous physical exercise. I agree that my child will abide by the direction and instruction of the Camp Shalom staff during his/her participation on the High and Low Ropes Course/Zip Line/Climbing Wall Center, team building challenges, and all surrounding activities.

**I understand this consent form and agree to its conditions on behalf of my child.**

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_