

High Ropes Course Consent Form

Participant Information

Full Name:

Date of Birth:

Emergency Contact Name:

Emergency Contact Phone:

Medical Information

Please list any medical conditions, allergies, or medications:

Consent & Acknowledgement

I understand that participation in the high ropes course involves inherent risks, including but not limited to falling, equipment failure, or injury. I acknowledge these risks and agree to follow all instructions and safety rules provided by the staff.

☐ I have read and understood the above and voluntarily agree to participate.

☐ I confirm that I am medically able to participate in this activity.

Date:

Participant Signature

Date:

Parent/Guardian Signature (if under 18)