

Whitewater Rafting Parental Consent Form

Participant Information

Participant Name

Date of Birth

Address

Phone Number

Parent/Guardian Information

Parent/Guardian Name

Relationship to Participant

Phone Number

Email

Medical Information

Allergies or Medical Conditions

Emergency Contact Name

Emergency Contact Phone

Consent

I, the undersigned parent/guardian, give permission for my child to participate in the whitewater rafting activity. I acknowledge the risks and certify that the participant is medically able to participate.

Parent/Guardian Signature

Date