



The En Gedi Project

Permission to Participate

Liability Release

Emergency Medical Authorization

This completed form will cover all events with The En Gedi Project during the _____ calendar year.

Participant List: Please list the first and last name of your minor student AND **all family members** (parents, siblings, etc. and include age, if a minor child) who may participate as a minor or adult participant or as a volunteer/helper/chaperone at any En Gedi Project events during the year:

1	FIRST NAME	LAST NAME	AGE (Minors)	RELATIONSHIP
2				
3				
4				
5				
6				
7				
8				

RELEASE OF LIABILITY The undersigned parent(s) or guardian(s) give permission for all individuals listed above to participate in En Gedi Project activities in the calendar year noted above. These activities include, but are not limited to, vehicle transit to and from recreation areas, hiking, backcountry wilderness camping, mountaineering, water recreation, wildlife encounters, terrain and climate hazards, off-road vehicle travel and driving, mountain biking, firearms safety and marksmanship, and more. I understand that all of these activities, particularly mountain biking, have certain inherent risks. I also understand that any planned itinerary may change at any time due to weather, road, or other conditions.

I grant this permission with full knowledge that I accept all risks associated with the participation of all individuals listed above in any and all En Gedi Project activities in any capacity, including, but not limited to, attending as a participant, volunteer, helper, or chaperone. I, on behalf of myself, my children, my assigns, and my estate, agree to release and hold harmless The En Gedi Project, its officers, volunteers, and other parent participants from any and all claims for injuries, causes of action, or liability related to the participation of any of the above named participants in any activity associated with The En Gedi Project. Further, I acknowledge that it is my responsibility to understand the inherent risks associated with En Gedi Project-sponsored activities and to communicate those risks to all individuals named above.

I hereby certify that, to the best of my knowledge and belief, all individuals named above are in good health. In the event that I or another parent/guardian cannot be reached in an emergency, I give permission to secure proper treatment for my child(ren). I/we hereby consent to any x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care deemed necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we, as parent(s) or guardian(s) of the minor(s), hereby, for my child(ren), myself, my heirs, executors, and administrators, release, discharge, and hold harmless The En Gedi Project and all officers, directors, employees, agents, and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions, or causes of action arising from the participation of any individuals listed above in any En Gedi Project-sponsored activities.

I understand that The En Gedi Project may occasionally use photographs or videos from events for its website or promotional materials and consent to their use.

By signing below, I confirm that I have carefully read and fully understand the contents of this Permission Form and Waiver. I am aware that this is a release of liability and have signed it of my own free will.

Parent / Guardian Name _____ Signature _____ Date ____ / ____ / ____

Parent Phone Number(s): _____

Alternate Emergency Contact Name and Number: _____
(Someone who is not listed above)

Is your unaccompanied child carrying prescription medications? If so, please list the child's name, medication(s), and the prescribed use. Is it necessary for an adult to maintain and administer the medications?

Does your child have any allergies or medical conditions that we should be aware of?