



PARENTAL CONSENT

I _____, am the parent/legal guardian of _____.
I hereby consent to his/her participation in the Glacier Institute _____.

In determining whether to allow _____ to participate, I recognize that the Glacier Institute cannot be responsible for him/her in the event of injury while participating. I also realize that participation can involve the risk of serious physical injury or death and agree, on his/her behalf, to assume all risks.

I agree to release and indemnify the Glacier Institute, its officers, trustees, directors, employees and agents from and against any and all claims, demands and judgments arising from injuries or damages in connection with his/her participation. I also acknowledge that Glacier Institute and Big Creek Outdoor Education staff may be on hand to take photographs and/or video of the camp or program and that such photos and/or video will be the property of the Glacier Institute and may be used in publications by the same.

Signature of Parent or Legal Guardian

Address

Phone/Cell

Email

Date

The Glacier Institute

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