



**423-349-8078**

**4951 Sullivan Gardens Pkwy**

**Kingsport, TN 37660**

**www.pathfindersonline.com**

## Event Release Form

Events: (please list events students will participate in) \_\_\_\_\_

Participant/ guardian waiver

Participant (Students Name) \_\_\_\_\_

In consideration of your accepting me or my child for participation in events with Pathfinders, I hereby, for myself, my heirs, executors, administrators, waive and release any and all rights and claims for damages that I may have against the above-named program, activity, or sport sponsored by the above-named organization.

I understand that the events may include, but is not limited to hiking, camping, rappelling, rock climbing, white-water rafting, paintball, mountain biking, mountain boarding, spelunking, other water activities, marksmanship and other high risk activities. I also understand that my student may leave the Pathfinders campus to travel to Damascus, VA if participating in a rock climbing/rappelling event.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold Pathfinders harmless of and from any and all liability of whatever nature which may arise out of or result from such participation.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If a minor parent or guardian signature is required)

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

Witness Signature: (non-family member) \_\_\_\_\_ Date \_\_\_\_\_

## Medical release form

I the undersigned have legal custody of \_\_\_\_\_, a minor and have given my consent for him to attend events organized by Pathfinders. I understand that there are inherent risks involved in any outdoor activity or athletic event, and in the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by the paid or volunteer staff of Pathfinders. In the event that my minor child needs surgery two physicians must concur on the need.

I agree to hold Pathfinders, its agents, employees, representatives, successors, volunteers and assigns harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible of the cost of any medical care should the cost of that care not be covered by my insurance provider. Further, I affirm that the health insurance information provided herein is accurate at this date and will, to the best of my knowledge, still be in force for the student named above during their participation with Pathfinders.

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

Witness Signature: (non-family member) \_\_\_\_\_ Date \_\_\_\_\_

Medical insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Name the policy is under \_\_\_\_\_

Person to contact in the event of an emergency \_\_\_\_\_

Phone number: Home \_\_\_\_\_

Cell \_\_\_\_\_