

# Outdoor Action/Princeton Blairstown Center Program Parental Permission

Family Member Participating: \_\_\_\_\_  
LAST NAME FIRST NAME M.I.

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
# & STREET

\_\_\_\_\_  
CITY STATE ZIP CODE

Current School Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Parent /Guardian: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Work Address: \_\_\_\_\_  
# & STREET

\_\_\_\_\_  
CITY STATE ZIP CODE

EMERGENCY CONTACT: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

(Other than parent or guardian)

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
# & STREET

\_\_\_\_\_  
CITY STATE ZIP CODE

I hereby certify that the answers set forth here are true. I understand that the goals of Outdoor Action are to provide a safe experience in a supportive group environment. Outdoor Action is a smoke-free and substance-free program—tobacco products, alcohol or drugs of any kind are prohibited. I hereby certify that I am aware that my child's participation in this trip involves physical activities in outdoor locations which may have limited access to hospital medical care. I am aware of the potential hazards of this activity, including but not limited to: inclement weather, difficult trail conditions, river crossings, falls, insect stings, and transportation to and from the activity. I understand that any equipment which my child is provided with must be returned at the end of the program. I give the Outdoor Action Program permission to use any photographs, videos, and audio reproductions of my child taken during their participation in any and all prescribed OA activities except as noted.

I believe that I have been fully and adequately briefed regarding the risks inherent in the program. I have weighed the dangers inherent in this trip, the risks presented to my child's health and well being, and my personal desire for my child to participate in this program. I have concluded that the risks are acceptable and are outweighed by my desire for my child to participate. With my signature below, I give permission for my child to fully participate in all Outdoor Action activities.

In consideration of allowing my child to participate in this Outdoor Action program, I voluntarily assume all risks associated therewith. I hereby release the Trustees of Princeton University, its officers, agents, employees, and students, from any and all claims that I may have as a result of personal injury (including death), or property damage arising out of or connected in any way with this program, unless those claims arise as a direct result of the gross negligence or willful misconduct of Princeton University. This release includes claims arising out of the rendering of emergency medical procedures or treatment, if any. I hereby give my consent to Princeton University and thereby to leaders in the Outdoor Action Program for medical treatment should it be required during this trip. In the event that a parent or guardian cannot be reached, I hereby give permission for transport to and treatment at a hospital facility. This waiver is binding on my heirs and assigns.

Signature of Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_