

PARENTAL / GUARDIAN CONSENT

I, _____, am the parent/legal guardian of:

Student

I hereby consent to his/her participation in the Lackawanna Valley Chapter of Trout Unlimited Teens Fly Fishing School sponsored by Trout Unlimited and hosted by the Chapter of Trout Unlimited. In determining whether to allow him/her to participate, I recognize that Trout Unlimited cannot be responsible for him/her in the event of injury while participating in the Fly Fishing School . I also realize that participation can involve the risk of serious physical injury or death and agree, on his/her behalf, to assume these risks. I hereby consent to images of him/her participating in activities to be used for promotional materials.

I agree to release and indemnify Lackawanna Valley Chapter of Trout Unlimited; its officers, trustees, directors, employees, and agents from and against any and all claims, demands and judgments arising from injuries, damages, or theft in connection with his/her participation.

Date Signature of parent or legal guardian

MEDICATION (see Rules of Conduct)

_____ is under the care of _____ ,

Student Physician

who can be reached at _____, if necessary to replace lost or misplaced medication. Telephone #

The medication is _____, and _____

Student knows amounts and schedule to follow. I agree that any prescribed medication for concentration and/or behavior used during my son/daughter's regular school year will be continued for camp, and brought to the attention of staff.

Date Signature of parent or legal guardian