



Blue Ridge Outdoor Education Center
 237 Camp Mikell Court
 Toccoa, Ga. 30577
 (706)886-7621

Activities Disclosure and Permission Form

We are providing this information sheet to better inform you of the activities your child may be participating in while at the Blue Ridge Outdoor Education Center. They may not be participating in all activities - please contact your child's teacher for the classes they chose. All of our classes are led by trained staff. Chaperones from your child's school assist in supervision during classes and are fully responsible for supervision during meals, recreation, and cabin time. You will need to sign this sheet and return it to your child's teacher. All of our activities are "Challenge by Choice" whereby the student in partnership with parents, teachers, and/or the Blue Ridge staff may elect not to participate in an activity. Feel free to call us if you have any other questions.

Permission to Participate

_____ (student's name) has my permission to participate in the activities at the Blue Ridge Outdoor Education Center chosen by their classroom teacher. I understand that trained persons will be in charge. I acknowledge that certain risks and dangers (such as those listed below) are inherent in outdoor recreation and that the Blue Ridge Outdoor Education Center does not guarantee accident free participation. These risks include, but are not limited to: adverse weather, moving water, slippery rocks, wild animals, equipment malfunctions or misuse, poisonous plants, human misjudgment, automobile collisions, and those activities listed on the 'Eco-Adventure Program Description' (if applicable). I further acknowledge that participation in these activities could result in loss of life or damage to personal property, and/or emotional or physical harm. I understand that prudent safety procedures will be taken to provide protection against these risks and that my child is responsible for following the instructions and safety rules outlined by Blue Ridge Outdoor Education Center staff. I release Mikell Camp and Conference Center, its principles and the Episcopal Diocese of Atlanta, its Bishop, officers, and employees from all liability for any injury to me or my child during participation in activities at the Blue Ridge Outdoor Education Center.

Name of Student: _____

Address: _____ Phone: _____

Parental Signature: _____ Date: _____

I give permission for photographs or video tapes to be made of my child and for the resulting images to be used in the marketing of Blue Ridge Outdoor Education Center programs.

Signed _____ Date: _____

I have read, understand and agree to abide by the **Rules of Conduct** of Blue Ridge Outdoor Education Center.

Signed: _____ (Student's signature) _____ (Parent Signature)