

PARENTS/GUARDIAN CONSENT FORM

ASSUMPTION OF RISK: I, the undersigned parent or guardian of the below named participant, who desires to participate in activities offered and/or organized by Via Services, Inc., hereby acknowledge that I am aware that there are significant risks associated with participation in program, including, without limitation, the risk of serious bodily injury or death. On behalf of myself, my spouse and participant, and our respective heirs, administrators, representatives and successors, I willingly assume such risk. By signing this document, I am providing a clear, written expression of my agreement to assume all of the risks and dangers my participant may encounter at Via Services, Inc.'s programs and activities, and to never sue or make a claim against Via Services, Inc., or any of its employees or agents.

RELEASE AND WAIVER: In consideration of the permission granted by Via Services, Inc. for _____ (print participant name) to participate in Via Services, Inc.'s programs and activities, the undersigned hereby agrees to release and discharge the organization, its officers, agents and employees from all claims, demands, actions or causes of action, which the participant, his or her personal representatives, heir and next of kin, may or might have against Via Services, Inc., its officers, agents and employees on account of injury to or death of the participant, or damage to the property of the participant arising out of the participant's participation in activities at Via Services, Inc. programs and activities. The undersigned further agrees to indemnify and hold harmless Via Services, Inc. for any loss, liability, damage or costs that may be incurred due to the acts of the participant while attending Via Services, Inc.'s programs and activities.

PERSONAL PROPERTY: The undersigned recognizes that Via Services, Inc. cannot accept responsibility for participant's personal property. To help eliminate losses, the undersigned has ensured that all clothing is labeled with participant's name and a list of belongings has been included in luggage.

MEDICAL RELEASE: In the event that an emergency should arise while _____ (print participant name) is attending an Altitude or Via West program, going or returning therefrom, requiring medical or surgical care or treatment, the undersigned authorizes Via Services staff to select and designate nurses, physicians, and surgeons to furnish such medical and/or surgical care as, in the judgment of a physician and/or surgeon holding a physician's certificate issued by the Board of Medical Examiners of the State of California, may be needed and proper. I authorize Via Services staff to render any aid and assistance to my participant, and to administer medication to my participant. I authorize the Via Services medical staff to dispense medications. I agree that medications for life threatening conditions (e.g., bee sting medications, inhaler), will be carried by Via Services direct care staff person and I authorize their use for my participant as needed. I agree to pay for any prescribed medication or treatment my participant may need. The undersigned releases and absolves Via Services, Inc. and nurses, physicians, and surgeons selected and designated by them, from any and all liability for their acts rendered in good faith. Parents/Guardians will be notified within 24 hours of any treatment sought.

Please sign below to acknowledge consent to conditions above.

SIGNATURES REQUIRED OF ALL PARENTS/GUARDIANS WITH LEGAL CUSTODY OF PARTICPANT.

PLEASE SPECIFY YOUR RELATIONSHIP PARENT GUARDIAN

DATE

PLEASE SPECIFY YOUR RELATIONSHIP PARENT GUARDIAN

DATE

IF PARTICIPANT IS RESPONSIBLE FOR THEIR OWN CARE AND/OR LEGAL AFFAIRS

PARTICIPANT SIGNATURE

DATE