

mParks Grand Experience 202 Participant Consent Form

Trip Participants: Please sign this form and return to your trip coordinator.

Group Name: Midland Parks and Recreation

The undersigned assumes all responsibility for himself / herself while involved with the Michigan Recreation & Park Association (herein noted as mParks) Grand Experience program with respect to any actions taken in pursuance of any or all such involved activities. Moreover, it is agreed that mParks, its employees, volunteers and respective agents shall not be liable or responsible for any property damage and/or personal injury and/or other loss or damage suffered by the participant. In the event of any injury, permission is hereby given to mParks, its employees, volunteers or respective agents to seek available medical assistance. While at the mParks Grand Experience program, I agree that mParks agents or associated trip leaders may be informed of medical conditions if I seek medical treatment while engaged in this program.

The participant represents that he/she is in good physical and mental condition and able to participate in the program, and that he/she shall be responsible for his/her own health. The participant accepts full risk and knowledge that some activities require the assistance of unscreened volunteer supervisors.

The participant agrees that photos may be taken of trip participants and used in educational/marketing opportunities by mParks.

Participant's Name – Please Print _____

Participant's Signature _____ Date _____

Trip Coordinators:

Please collect forms from all of your trip participants (including escorts/group leaders) and place in a sealed, manila envelope labeled "Consent Forms," with your organization/group name and trip#. Your packet will be collected at the Leaders' Meeting at Grand Hotel on the day of your arrival. The Participant Consent Form and Medical Information Form can be copied back to back.