

Tree Frog Canopy Tours
Agreement by Parent or Guardian of a MINOR Child

I am the parent/guardian of the minor whose signature appears on the attached release and whose names are listed below. I have discussed the terms of the above Agreement with my child and am assured by my child that he or she understands the Agreement and has freely accepted its terms. I give my child permission to participate in the canopy tour programs to be provided by Tree Frog Canopy Tours. My signature below reflects my agreement to fully release Tree Frog Canopy Tours from any claim which I may have, and, to the fullest extent allowed by law, to release such persons on behalf of my child and any member of my or the child's family, for any claim the child may have, arising from the child's enrollment or participation in the aforementioned activities. **These agreements of release and indemnity include claims of negligence, but not gross negligence or intentionally wrong conduct.**

Signature _____ Date _____

Printed Name _____ Relationship _____

Names of Children (1) _____ (2) _____
(3) _____ (4) _____

Assignment of Supervision for a Minor Participant

Children ages 10 through 18 may participate in a Canopy Tour at Tree Frog Canopy Tours with proper parental permission and supervision of designated individuals.

ALL participants under the age of 18 MUST have a Participant Agreement, waiver, completed by their parent or legal guardian prior to participating in the tour.

In addition, Guests under age 16 MUST ALSO be accompanied on the tour by their parent/legal guardian or another adult designated as supervisor.

PLEASE COMPLETE THIS DOCUMENT TO DESIGNATE AN ADULT (OTHER THAN THE PARENT/LEGALGUARDIAN) AS SUPERVISOR OF A MINOR PARTICIPANT UNDER THE AGE OF 16.

Parent/Legal Guardian:

I, _____, as the parent or legal guardian of _____,
(Parent/guardian) (Minor participant)
assign supervision of my child to _____ while participating in tour activities at
(Adult participant-supervisor)

I have reviewed the contents of the Tree Frog Canopy Tours Participant Agreement and medical waiver with my child/children and have discussed the assignment of this supervisory role. I attest that my child has willingly and knowingly agreed to participate in this activity under the supervisory arrangement outlined above.

(Parent signature)

(Date)

Adult Participant/Supervisor:

I, _____, have agreed to serve in the supervisory role as outlined above.
(Adult participant/supervisor)

(Adult participant/supervisor signature)

(Date)