

## Consent Form

It is the policy of the Gallatin Gateway School District Adult Education to require permission before allowing an adult to participate in any school sponsored adult education program. If you would like to participate, please carefully read and sign this document.

I understand that the school and staff will do what is reasonable to prevent accidents. However, I fully understand that some travel and activities involve inherent risk regardless of reasonable safety measures that may be taken by the district. In consideration of the district's agreement to allow me to participate in these adult education programs, I agree to accept responsibility for any loss, damage, or injury that occurs during my participation that is not the result of fraud, willful injury to a person or property or the willful or negligent violation of a law by a trustee, employee, or agent of the Gallatin Gateway School District.

In the event it becomes necessary for the district staff to obtain emergency care for me, neither he/she nor the school district assumes financial liability for expenses incurred because of an accident, injury, and/or unforeseen circumstances.

Participant:

Date:

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Signature:

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Address:

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Phone:

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Do you have a medical condition which the instructor should be aware of before allowing you to participate?

YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any allergies?

YES \_\_\_\_\_ NO \_\_\_\_\_

Do you carry an epi-pen?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes to any of the above, please state the nature of the medical condition:

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