



## **MPS Ropes and Challenge Course Activities**

### **Parent/Guardian Permission Slip**

*Read this document carefully before signing it.*

I, the undersigned parent or legal guardian, hereby give my permission to have \_\_\_\_\_  
(student’s name) participate in the activities which will be taking place at the MPS Ropes and Challenges  
Course site at Potter’s Forest. I understand that participation in the course activities is completely voluntary.

I have received and read the document entitled “MPS Ropes and Challenge Course – Information to  
Parents/Guardians”. I fully understand the activities which will be taking place at the course site and agree with  
and consent to all of the terms set for in the aforementioned document I have been provided. I give my  
permission to MPS to transport my child to and from the course site by school bus during the school day. I also  
understand that I can obtain additional information on the activities which will be taking place at the course site  
by contacting my child’s teacher or school. The trip to the Course site at Potter’s Forest will be on  
\_\_\_\_\_ (date).

I have also received and fully completed to the best of my ability, the document entitled “Medical Information  
Form: Ropes and Challenges”. I have fully disclosed all medical and other pertinent information to MPS  
which I believe MPS should know before permitting my child to participate in the activities at the Ropes and  
Challenge Course site at Potter’s Forest. I hereby give MPS permission to share the information which I have  
provided on the “Medical Information Form: Ropes and Challenges” with anyone deemed appropriate by MPS.  
It is my judgment that my child is fully capable of participating in the course from both a physical and  
emotional standpoint.

Based on the above information and the full understanding of the risks involved, I hereby give my permission  
for my child to participate in the full range of activities at the MPS Ropes Course.

\_\_\_\_\_  
Witness (optional)

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date