



PARENT/GUARDIAN CONSENT FORM

I _____ THE UNDERSIGNED, HEREBY GIVE AUTHORIZATION FOR MY CHILD TO PARTICIPATE AS A HAUNT ACTOR AT THE REXBURG STRAW MAZE AND HAUNTED FOREST.

MINOR NAME (printed): _____

MINOR'S DATE OF BIRTH: ____ / ____ / ____

AS THEIR PARENT OR GUARDIAN I:

1. HAVE REVIEWED AND UNDERSTAND THE EMPLOYEE/VOLUNTEER CODE OF CONDUCT FORM THAT MY CHILD HAS SIGNED. I CONFIRM THAT THEY ARE CAPABLE OF FULFILLING ALL REQUIREMENTS ON THE CODE OF CONDUCT. (CODE OF CONDUCT IS ATTACHED TO THIS FORM FOR YOUR REFERENCE)
2. CONSIDER MY CHILD SUFFICIENTLY RESPONSIBLE AND COMPETENT TO ASSUME FULL RESPONSIBILITY FOR THEIR OWN SAFETY WHILE PARTICIPATING IN THE STRAW MAZE OR HAUNTED FOREST.
3. RECOGNIZE AND UNDERSTAND THAT MY CHILD WILL BE IN AN OUTDOOR HAUNTED HOUSE ENVIRONMENT THAT CAN BE DARK, COLD, WET, DIRTY, SCARY, OR POSSIBLY DANGEROUS.
4. RECOGNIZE AND UNDERSTAND THAT THERE MAY BE PERIODS OF TIME WHEN MY CHILD IS NOT DIRECTLY SUPERVISED.
5. UNDERSTAND THAT PHOTOS AND VIDEO MAY BE TAKEN AT THE STRAW MAZE OR HAUNTED FOREST WHICH INCLUDE MY CHILD, AND I GIVE PERMISSION FOR THOSE PHOTOS AND VIDEO TO BE USED ON OUR WEBSITE OR OTHER SOCIAL MEDIA PLATFORMS TO PROMOTE THE STRAW MAZE.
6. CONFIRM THAT I HAVE THE LEGAL RIGHT TO PROVIDE CONSENT FOR THE NAMED PERSON ABOVE.

FOR YOUR CHILD'S SAFETY, WE REQUIRE ALL PERSONS UNDER THE AGE OF 16 TO BE ACCOMPANIED BY A PARENT OR GUARDIAN WHILE PARTICIPATING AT THE STRAW MAZE OR HAUNTED FOREST. I CERTIFY THAT (check one box below):

- MY CHILD IS AGE 14 OR OLDER.
- MY CHILD IS UNDER 14 YEARS OF AGE AND I WILL ACCOMPANY THEM DURING THEIR PARTICIPATION AT THE STRAW MAZE OR HAUNTED FOREST. I MAY CHOOSE TO PARTICPATE AS A HAUNT ACTOR ALONGSIDE THEM.

PARENT/GUARDIAN NAME (printed): _____

EMERGENCY CONTACT NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE SIGNED: _____