<u>Michigan Segway Activity Consent Form and Approval by Parents or Legal Guardian</u>

This form is required for use to obtain approval and consent for a person under 18 years of age , not accompanied with their parent or legal guardian, in order to participate in a Michigan Segway Guided Tour. It is recommended that parents or legal guardian keep a copy of the form and contact Michigan Segway, Inc. (734-459-2900) in the event of any questions or in case emergency contact is needed.

First name of participant and middle initial ____

Last name ____

Address____

Birth date (month/day/year) ____/____/______ Age during activity _______

Address ____

City____

State _____ Zip _________
Has approval to participate in a Segway tour on ___________________________ (Date)

<u>Parent or Legal Guardian Contact Information</u>: (Best Emergency Contact)

Name: First & Last ____

Home Ph: ________________ Business Ph: __________________ Cell Ph: ____________________

<u>Hold Harmless Agreement</u>
I understand that participation in Segway Tours involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Michigan Segway, Inc., the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.
In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's Signature ____Date ___________

Parent/guardian printed name
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Parent/guardian signature____ Date ____________