



## WAIVER OF LIABILITY

---

Participant Name \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

---

## TRAVEL ABILITY

Which category does the applicant fit in to while at Futures (please select one):

- Applicant is able to travel in the community **independently**.
- Applicant is able to travel in the community **accompanied by one other client**.
- Applicant is able to travel in the community **accompanied by two other clients**.
- Applicant must travel in the community **accompanied by a staff member**.

I consent to the participant named above participating in Futures Explored, Inc. excursions and agree on behalf of said person participating in these excursions and agree on behalf of said persons, the undersigned, that we assume the risk of accident or injuries sustained from whatever cause in connection therewith and release Futures Explored, Inc. and its officers, agents, and employees from any and all liability for any such accident or injury.

---

Participant Signature

---

Date

---

Parent Or Legal Guardian/Conservator Signature

---

Date