

**Jamestown 4-H Educational Center  
Williamsburg Virginia**

**Ropes Course Participant Agreement/ Informed Consent**

I, \_\_\_\_\_, allow my child, \_\_\_\_\_  
(parent/or guardian signature) (Child's name)

to participate in activities that are a part of the Jamestown 4-H Educational Center Ropes Course program. Many of these activities involve the Low Ropes Course. I understand that by participating in the program, since some of the activities are using safe and inspected cables ranging in 2 feet to 3 feet off the ground there is a possibility for bumps, bruises, and minor injury. I also understand that the program is supervised by trained staff of the Jamestown 4-H Center. Activities are conducted in a safe manner and designed to allow participants to work better in groups, gain better problem solving skills, and develop stronger relationships with members of the groups they work in.

Signed and Dated \_\_\_\_\_