

**OUTWARD  
BOUND**



**COSTA  
RICA**

# IMMUNIZATION WAIVER

I acknowledge the participation of the student listed to the right, of whom I have legal guardianship of, in an Outward Bound Costa Rica course. I acknowledge that activities may take place in Costa Rica, Panama, or Nicaragua, depending on the course. I have carefully read the information concerning potential risks without a tetanus immunization. I realize that I am voluntarily responsible for any risk of tetanus infection that may occur while on course.

By signing to the right, I give the student listed full permission to participate in his/her course without a tetanus shot. I acknowledge that Outward Bound Costa Rica holds no responsibility should s/he contract tetanus.

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Student Name Printed

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Course Name & Session Dates

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Student Signature

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Date

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Parent or Guardian's Signature

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Date

