

Immunization Waiver



**OUTWARD BOUND
COSTA RICA**

Participant Name

Course Name & Session Dates

I acknowledge that the individual listed above, of whom I have legal guardianship, will be participating in an Outward Bound Costa Rica 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 this waiver, I give the participant listed full permission to participate in his/her course without a tetanus shot. I acknowledge that Outward Bound Costa Rica holds no responsibility should he/she contract tetanus.

Participant Signature

Parent or Guardian's Signature

Date

Date