



# ACTIVITY WAIVER

216 Commerce Street, Missoula, MT 59808 Phone: 406.728.4258

Check One:  PARTY  PLAYGROUP  FIELD TRIP  OTHER: \_\_\_\_\_

- 1. Students Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_
- 2. Students Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_
- 3. Students Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

### Legal Guardian's Information:

Mom/Guardian First & Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dad/Guardian First & Last Name \_\_\_\_\_

(Mom) Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

(Dad) Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address (to help us keep you informed about our programs) \_\_\_\_\_

Medical conditions or allergies, state reaction and treatment: \_\_\_\_\_

Emergency Contact: Phone# \_\_\_\_\_ First & Last Name: \_\_\_\_\_

Relationship to student(s): Friend, relative, etc. \_\_\_\_\_

### ASSUMPTION OF RISK \* WAIVER OF LIABILITY \* PHOTO RELEASE \* MEDICAL AUTHORIZATION

As a legal guardian of \_\_\_\_\_ and/or \_\_\_\_\_, hereafter referred to as child, I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, and dance. I am also aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these danger, I hereby give consent for my child(ren) to participate in any and all Bitterroot Gymnastics programs and activities and I ACCEPT ALL RISKS associated with this participation.

1) In consideration for my or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors. PROMISE NOT TO SUE and FOREVER RELEASE Bitterroot Gymnastics, its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation.

2) I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in Bitterroot Gymnastics publicity or advertising.

3) In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Bitterroot Gymnastics and it's representative harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Bitterroot Gymnastics.

I have read and understand this **ASSUMPTION OF RISK** and **WAIVER OF LIABILITY** and **PHOTO RELEASE** and **MEDICAL AUTHORIZATION** and I VOLUNTARILY affix my name in agreement.

Parental/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print First and Last Name: \_\_\_\_\_

Use the Text Box Tools tab to change the formatting of the sidebar

STUDENT LAST NAME:

FIRST: