BITTERROOT GYMNASTICS

ACTIVITY WAIVER

736 Cooper Street, Missoula, MT 59802 Phone: 406.728.4258

Check One: ___PARTY ____ PLAYGROUP ____ FIELD TRIP ___OTHER:_____

STUDENT LAST NAME: **FIRST:**

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 including those resulting from acts of negligence.

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: _____