Roots Gymnastics & Dance
Activity Waiver

Student Information

Name: _____ DOB: ____/____/_____ Age: _____ Gender: _____

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Medical/Behavioral conditions or allergies to which we should be alerted:

Guardian Information

Primary Contact: _____ Relationship: _____

Phone : _____ Texting Ok: ☐

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Secondary Contact: _____ Relationship: _____

Phone : _____ Texting Ok: ☐

Email: _____

Backup Emergency Contact (designated person if we are unable to reach primary/secondary contact):

Name: _____ Relationship: _____ Phone : _____

How did you hear about us? Friend: ____ Internet: ____ Social Media: ____ Other: _____

ASSUMPTION OF RISK* WAIVER OF LIABILITY* PHOTO RELEASE* MEDICAL AUTHORIATION

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 dangers, 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.

In consideration for me 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.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me 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.

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 its 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.

Parent/Legal Guardian's Signature: _____ Date: _____

Print First and Last Name: _____

Student Last:

Student First: