

Participation Release/Information Card

_____/_____/_____
Child's Name (Last) (First) Girl/ Boy Birthday

_____/_____/_____
Child's Name (Last) (First) Girl/ Boy Birthday

Street City Zip

_____/_____
Mother's Name Father's Name

Hm#_____/_____/_____
Cell #_____/_____/_____
WK #_____/_____/_____
E-mail _____

Medical info: Please circle if your child/children has any problem.

Asthma Heart Epilepsy Diabetes Orthopedics Medication

Other:: _____

Parents who are allowed in the gym understand that they will not be on any equipment.

Release of Liability and Notification of Risk

As parent/guardian of the above student. I hereby represent that my child/ward is physically fit to undertake the gymnastics, trampoline, day camp, and Birthday Party or other activity at the Great Falls Gymnastics Academy (herein after GFGA). I acknowledge the existence of certain risk in these activities. These activities like any other athletic activity involving motion and height, involves a risk of injury. Injuries can include broken bones, sprains, lacerations, internal injuries, paralysis, or even death. These are risk that anyone participating in these activities assumes. My child is assuming these risks by participating in any of the above activities. To reduce the risks participants must follow all the GFGA rules. I hereby agree that my child will follow all GFGA rules and that I will instruct him/her to do so.

In consideration of the right of my child to participate in GFGA activities I, as parent/guardian, hereby agree that I waive and release all rights and claims for injury, damages and loss that I may have at anytime against GFGA, it's representatives, employees and agent's whether paid or volunteer, for any loss, injury or damages whatsoever, including, but not limited to, any claim I may have for loss of medical expense, wage loss, or any other claim as a result of injuries my child/ward incurs in connection with my child's participation in GFGA activities. This release and the following agreement to indemnify shall include, but not limited to, any claim arising from injuries my child may incur as a result of negligence of GFGA, its representatives, employees, and agents, whether paid or volunteer.

In addition to the following, I agree to defend, indemnify, and hold harmless GFGA, it's representative, employees, and agents whether paid or volunteer, from and against any and all liability for any claim, demands, losses, damages, actions causes of action or suit of any kind or nature whatsoever, and particularly on account of all injuries or loss, to either person or property, which may result directly or indirectly from my child/ward's participation in activities at GFGA.

This release and agreement to indemnify is binding upon heirs, legal representatives, agents and assignees. I understand that participation is entirely by my own choice. I hereby agree to individually provide for the possible future medical expenses incurred by my child/ward as a result of any injury sustained while participating in any of GFGA'S Programs. This acknowledgment of risk and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent

Permission to Treat

I hereby give my permission to trained professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

* _____ Date _____

Parent/Legal Guardian Signature required for participation

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