

Waupun Area School District / Rock River Gymnastics Facility

WAIVER AND RELEASE OF LIABILITY FORM AND AGREEMENT FOR LIKENESS USAGE

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE STUDENT IS PERMITTED TO TAKE PART IN ANY FUTURE EVENT. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AND/OR THEIR LEGAL GUARDIAN AFFIRM HAVING READ IT.

IN CONSIDERATION of being allowed to participate in any way in the Waupun Area School District / Rock River Gymnastics Facility (hereinafter "RRGF"), I, the undersigned, acknowledge, understand, and agree that:

1. It is understood that gymnastics can be and is a physically demanding sport where injuries may occur; injuries may occur during training, practice, open gym, competitions; equipment may become damaged and/or destroyed; and,
2. I freely and knowingly assume all such risks of injury and/or equipment damage, both known and unknown, even if such should occur due to the negligence of RRGF or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusually significant hazard during my presence or participation, or if I observe any concern in my or my child's health or readiness for participation, or if my child becomes injured in any manner, even if my child believes they can still participate, I will immediately bring such to the attention of the nearest RRGF official and remove my child from participation and/or continue to participate solely at the student's liability; should a coach or RRGF official direct my child to no longer participate, I will remove my child from the event immediately; and,
4. I, upon my own volition, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby RELEASE, INDEMNIFY, HOLD HARMLESS and PROMISE NOT TO SUE RRGF, their officers, officials, coaches, volunteers, employees, agents, and/or other participants, sponsors, advertisers, and, if applicable, the owners and lessors of premises used for the activity ("RELEASEES"), with respect to any and all injury, disability, death, and/or loss or damage to person or property, whether caused by the negligence of the releasees or others, except that conduct which is the product of gross negligence or intentional or wanton misconduct, to the fullest extent permitted by law. It is understood that this applies solely to the conduct of RRGF officials or volunteers and RRGF is not responsible for the conduct of third parties.

I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT I HAVE THE RIGHT TO REQUEST DIFFERENT RELEASE OF LIABILITY TERMS BY NEGOTIATING A SEPARATE AGREEMENT. HOWEVER, BY SIGNING THIS RELEASE, I WAIVE THE RIGHT TO NEGOTIATE DIFFERENT TERMS AND AGREE TO THE TERMS CONTAINED HEREIN.

Participant's Signature _____ Age: _____

Participant's Name (Printed) _____ Date Signed: _____

AUTHORIZATION - USE OF LIKENESS:

Participants, or their legal guardian(s), in RRGF events agree to be filmed and photographed by photographers authorized by the RRGF program. Participants or the legal guardian(s) hereby give to the RRGF program right to use the student's name, picture, and likeness (without any right of approval) for any use to promote the event in which they participate as well as to promote future events and activities of the RRGF program. The duration of this authorization shall commence with registration for the program and continue before, during and for sixty (60) months after the period of participation in any official RRGF event.

Participant's Signature _____ Age: _____

Participant's Name (Printed) _____ Date Signed: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 (or under such other age of consent as may be applicable in any given jurisdiction) AT TIME OF REGISTRATION)

This is to certify that I/we, as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to the release above regarding this participant's participation in any RRGF event, but also for myself/ourselves, and my/our heirs, assigns and next of kin, to release and indemnify the Releasees from any and all Liability incident to my/our minor child's involvement as stated above, even if arising from the negligence of the Program and/or Releasees, to the fullest extent permitted by law. As parent(s)/legal guardian(s) for this participant, I/we also hereby give to the RRGF program, the right to use the name, image and likeness (without any right of approval) of this participant for any use to promote RRGF events or other activities of the RRGF program. The duration of this authorization shall commence with registration for the program and continue before, during and for sixty (60) months after the period of participation in any official RRGF event.

Participant's Signature _____ Age: _____

Participant's Name (Printed) _____ Date Signed: _____

EMERGENCY MEDICAL INFORMATION

Participant Name: _____ Grade: _____ School: _____

Participant Name: _____ Grade: _____ School: _____

Participant Name: _____ Grade: _____ School: _____

Participant Name: _____ Grade: _____ School: _____

Parent / Guardian Name: _____ Relationship: _____

Address: _____ Zip: _____

Phone: _____ (H) (C) Phone: _____ (H) (C)

Email: _____

Name of Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____ Secondary: _____

Any medical conditions or allergies RRGF should be aware of? Y N

If yes, please explain:

Medical Insurance Carrier: _____ Policy # _____

1. Medical attention: I hereby give my consent to RRGF (and or host organization) to provide, through a medical staff of its choice, customary medical/athletic training, attention, transportation, and emergency medical services as warranted in the course of my child's participation.

Parent Signature: _____ Date: _____