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| ***Family, Parent/Guardian and Emergency Contact Information*** (Please print clearly) Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact (If parents are unavailable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***Student Information*** Student Names: 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Birthdates/Sex:1. dob:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F 2.dob:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F 3.dob:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / FSpecial Medical Conditions/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ASSUMPTION OF RISK • WAIVER AND RELEASE OF LIABILITY • PHOTO RELEASE • MEDICAL AUTHORIZATION**

**ACKNOWLEDGEMENT of RISK:** I am the parent and/or Legal Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [my child(ren)]. I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion; those activities include but are not limited to gymnastics, tumbling, trampoline, movement education, dance, rock climbing, and stunting. I also realize that my child(ren) will be performing and training on all gymnastics events plus various other training devices, including trampoline. I certify that I have consulted a physician, to the extent that I deem appropriate, concerning my child(ren)’s participation in these activities. I represent to Oregon Rhythmic Gymnastics & Dance Academy, LLC (“ORGDA”) that my child is medically fit to participate. I am also aware that participation in day camps and competition involves transportation to and from field trips and competition and that such transportation could result in injury or death in a vehicular accident. Furthermore, I recognize that because of increased movement, height, flipping, twisting and inversion, the competitive pursuit of these sports and activities carries a higher degree of risk of catastrophic injury than do the recreational versions.

**CONSENT and ASSUMPTION OF RISK**: Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all ORGDA programs and activities for which they are registered, and I ACCEPT ALL RISKS associated with this participation.

**WAIVER and RELEASE**: 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 AND DISCHARGE ORGDA, its officers, directors, shareholders, employees, contractors, teachers, coaches and volunteers from all liability resulting from damages or injuries incurred as a result of participation in ORGDA programs, including those resulting from acts of negligence. I understand that ORGDA has relied upon this agreement in determining the extent of insurance coverage to be obtained, and that in the absence of this Release, ORGDA would charge considerably higher fees to participants.

**PHOTO RELEASE**: 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 permission for my child(ren)’s likeness to be used in ORGDA publicity or advertising.

**CONSENT to MEDICAL TREATMENT**: In the event of an accident or emergency, I hereby authorize ORGDA and its representatives, including its employees, contractors, teachers, coaches and volunteers, to render first aid to my child(ren) to the extent they deem appropriate. I further authorize ORGDA and its representatives to transport or arrange for transportation, by ambulance if ORGDA deems it appropriate, of my child(ren) to a hospital or any other medical or dental facility for medical or dental treatment and I authorize ORGDA and its representatives, to consent to medical and dental treatment for my child(ren). I agree to hold ORGDA and its representatives harmless from any and all decisions made with respect to medical and dental treatment for my child(ren). Additionally, I hereby agree to be personally responsible for payment of all medical and dental expenses, including transportation, which may be incurred by myself or on behalf of my child(ren) as a result of any injury sustained while participating at or for ORGDA, including future medical and dental expenses related to such injury.

 I have read and understand this ASSUMPTION OF RISK and WAIVER OF AND RELEASE OF LIABILITY and PHOTO RELEASE and MEDICAL AUTHORIZATION and my signature below indicates my voluntary agreement with the terms set forth above.

 Parent or Legal Guardian's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_