

Adventure and Activity Camp Waiver

Adventure and Activity Camp Waiver

This form requires form fields to be completed and your digital signature at the end.

Use the TAB button for ease of navigation.

Approximate Time to Complete: Less than 10 minutes

Today's Date:

How Did You Hear About Us?

Please Select One:

- ☐ New Camp Registration
- ☐ Camp Renewal
- ☐ Change of Information

Child's First Name:

Child's Last Name:

Parent/Guardian Name(s):

Parent/Guardian Email(s):

Address Line 1:

Address Line 2:

City:

State:

Zip:

Home Phone #:

Cell Phone #:

Mom or Dad?



Work Phone #:

Mom or Dad?

Emergency Contact Name (First and Last):

Emergency Contact Phone #:

Medical Alert / Allergies / Physical Limitations (Enter NONE if None):

Physician's Name:

Physician's Phone #:

Insurance Company:

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION IS RISK, AND INDEMNITY AGREEMENT
("AGREEMENT")

In consideration of participating at Technique Gymnastics, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Technique Gymnastics, its respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement in held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of the Participant (First and Last):



PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of such claim. I release photos and/or video of Releasee taken before, after, or during activity to be used in program promotion and marketing only.

Printed Name of Legal Parent / Guardian:

☐ By checking this box I understand that my digital signature at the end of this document is authorizing my consent to the terms stated above.

Consent of Treatment of a Minor

Should it be necessary, in the opinion of a staff member of Technique Gymnastics, Inc. to render first aid and assistance to the participant(s) listed above, I hereby grant permission to the staff of Technique Gymnastics, Inc. and other medical personnel to render such aid and assistance as they may deem necessary. I have carefully read this consent for treatment of a minor and fully understand its contents.

☐ By checking this box I understand that my digital signature at the end of this document is authorizing my consent to the terms stated above.

X _____



Signature Certificate

Document name: Adventure and Activity Camp Waiver

Unique Document ID: 2568BE3FFACD12DD0533A3C91C6602EDF2DDABED



Timestamp

August 20, 2019 1:36 pm
PDT

Audit

Adventure and Activity Camp Waiver Uploaded by Kathy
Olvera - info@techniquegym.com IP 174.50.159.203



This audit trail report provides a detailed record of the
online activity and events recorded for this contract.