

CHILD'S LAST NAME	CHILD'S FIRST NAME	BIRTHDATE	M	F	HOME PHONE
ADDRESS	CITY	ST	ZIP	EMERGENCY CONTACT & PHONE (OTHER THAN YOU)	
PRIMARY GUARDIAN	PRIMARY CELL	OTHER PHONES		HEALTH NOTES	
SECONDARY GUARDIAN	SECONDARY CELL				
EMAIL ADDRESS					

**PERMISSION FOR MEDICAL TREATMENT**

I, \_\_\_\_\_, authorize the necessary steps regarding medical attention (i.e. first aid, calling paramedics or transportation to be admitted to the hospital) and will allow authorized hospital faculty and staff to treat my child for any illness or injury she/he has.  
 PARENT/LEGAL GUARDIAN'S signature \_\_\_\_\_ Date \_\_\_\_\_

**PARTICIPATION RELEASE**

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities include but not limited to gymnastics, tumbling, trampoline and cheerleading. I am also aware that participation in day camps may involve 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 of Gymkhana Inc's programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for my or my child(ren)'s participation (or the participation of any adult who accompanies my child(ren) during these activities), I hereby for myself and my child(ren) and the other accompanying adult(s) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE Gymkhana Inc, its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my child(ren)'s participation, I hereby grant my permission for my child's likeness to be used in Gymkhana Inc.'s publicity and/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 Gymkhana Inc. and its representatives 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 Gymkhana Inc. 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 \_\_\_\_\_

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