Georgian Bay Phoenix Gymnastics & Acro

Participant Information & Release

Name of Participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Registered In:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact & Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important Information (ie: allergies, special needs, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo Release**: I acknowledge that pictures of the participant indicated above may be used for promotional purposes, including but not limited to print, video, advertising, information packages, web-sites and social media formats, by Georgian Bay Phoenix Gymnastics and Acro (“GBPGA”). I hereby irrevocably give permission to GBPGA to use any picture/video for any of the above noted uses, and release any rights of personality or rights to financial compensation to the Participant for such uses.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Liability Release**: I , the undersigned, acknowledge that there is risk of physical injury when participating in any program at GBPGA, and I hereby acknowledge that the Participant voluntarily assumes all such risks. The undersigned, being the parent or legal guardian of the Participant, hereby forever releases GBPGA, its owners, employees, agents, volunteers, sponsors, members and other participants or associates of any kind whatsoever from any and all liability, costs, claims, suits or causes of action, howsoever caused or whensoever arising, arising from physical injury caused tot the Participant in the course of any activity at or conducted by GBPGA.

**Medical Fitness of Participant:** The undersigned represents to GBPGA that the participant does not as of today’s date have any medical condition which would put the participant, other participants, staff or members of GBPGA at risk of injury when participating in any activity at GBPGA. The undersigned further covenants to inform GBPGA immediately of any such medical condition of which I become aware after submission of this form.

The undersigned also acknowledges that the nature of the activity at GBPGA may require physical interaction between any of its members, including the participant, and staff.

Signature on this form indicates I have read and understood this form and information, policies and procedures of GBPGA.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_