

Golden Triangle Gym

Special Event Release of Liability and & Permissions to Participate

901 9th Street North
Great Falls, MT 59401
406-216-2066 / www.gotrigym.com

Participant Name: _____ DOB: _____

Mother's Name: _____ Phone: _____ Text Y / N

Father's Name: _____ Phone: _____ Text Y / N

Address: _____

Primary Email: _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

Are there any known medical conditions, injuries, allergies, or otherwise to which Golden Triangle Gym should be aware of regarding your participant/s? _____ Yes _____ No

If yes, participants name: _____

Please describe: _____

As the legal guardian of

1) _____

2) _____

I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, karate, dance, cheerleading, field trips, and academic formats. Being fully aware of these dangers, I voluntarily consent to the aforementioned person (myself or my child or my children) participating in any, and all Golden Triangle Gym programs, its officers, directors, shareholders, employees, volunteers, or agents from all liability for any and all damages or injuries suffered by my child while under the care, instruction, supervision or control of Golden Triangle Gym including without limitation those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, volunteers, or agents. In the event of an accident or emergency I would like myself or my above mentioned child (ren) to be taken to a hospital for medical treatment and I hold Golden Triangle Gym, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by myself or my child as a result of any injury sustained while participation at or for Golden Triangle Gym. I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and VOLUNTARILY affix my name to this agreement.

Signed and dated by Adult Student, Parent, or Legal Guardian.

Signature: _____ (A.S., P, or L.G.) Date: _____

Signature: _____ (A.S., P, or L.G.) Date: _____

Emergency Information: Authorized persons, other than parents, to be called in case of an emergency:

Name _____ Relationship _____

Address: _____

PHONE: _____ Alternate Number: _____