

# Mountain Kids Release Form



Responsible Adult's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

## PLEASE INITIAL BY EACH NUMBER AND SIGN AT THE BOTTOM

### 1. PARTICIPANT AGREEMENT:

I, the Responsible Adult, agree that the child(ren) named above may participate in any of the sporting, recreational, and other physical activities and programs of Mountain Kids (the organization). I understand that participating in such activities, including group activities with other persons, may be risky even under the best of conditions. I understand that participating in all such activities, including but not limited to gymnastics, dance, tumbling, trampoline, swimming, cheerleading, acrobatics, and parent-shared gymnastics, and using gymnastics and other sports equipment, could result in potentially severe injuries or illness to me or the child and damage to equipment and other personal property belonging to me or the child. **Initial: \_\_\_\_\_**

### 2. RELEASE REGARDING PERSONAL INJURY AND PROPERTY DAMAGE:

I agree, on behalf of myself and the child, to assume all risks in connection with the activities described above. I release the organization and those acting on its behalf from liability for any injury or illness incurred by me or the child and for any damage to any equipment or other personal property belonging to me or the child. I agree to indemnify and hold harmless the organization and its officers, employees, and other representatives from any and all claims, demands, causes of action and to reimburse the organization and its officers, employees, and other representatives for any expenses, including attorney fees and court costs, that they may incur in connection with any injury or illness to me or the child or any damage to equipment or other personal property, however caused. I certify that I have obtained adequate insurance to cover any such injury, illness, or damage, or else I agree to bear the costs of such injury, illness, or damage myself. **Initial: \_\_\_\_\_**

### 3. REPRESENTATION OF ABILITY TO PARTICIPATE:

I understand the nature of the activity, and I represent the student is qualified, in good health and in proper physical condition to participate in the activity. Should I ever believe any of the above representations have become untrue, or if I should ever believe the activity is not safe or is no longer safe for the student, then it will be my responsibility immediately to discontinue the student's participation in the activity. **Initial: \_\_\_\_\_**

### 4. RELEASE REGARDING MEDICAL TREATMENT:

I give permission to the organization and those acting on its behalf to administer sunscreen to the child and to take any measures they believe are reasonably necessary to provide for the safety and protection of the child, including administering first aid or seeking medical care for the child. I have provided to the child all food, clothing, sunscreen, prescription medicines, nonprescription medicines, and medical items needed by the child for the activities and programs of the organization. In addition, I request and give permission to the organization and those acting on its behalf to keep and administer to the child ONLY the following medicines in the manner specified: \_\_\_\_\_

If hospitalization is required, the aforementioned children will be sent to Poudre Valley Hospital 1025 S Lemay, Fort Collins CO 80524 unless otherwise specified here: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ **Initial: \_\_\_\_\_**

### 5. RELEASE REGARDING PICTURES AND VIDEOS:

I, on behalf of myself and the child, agree that the organization and its representatives may take and use pictures, videos, and other images of me or the child during any of the organization's activities and programs. I understand that the organization reserves the right to use and publish the pictures, videos, and images in any fashion for the organization's promotional purposes on brochures, print media, wall hangings, web sites, and other media and that the organization will not pay compensation to me or to the child for the use of the pictures, videos, and images. **Initial: \_\_\_\_\_**

### 6. TRANSPORTATION AND FIELD TRIP CONSENT:

I, \_\_\_\_\_ the child's Parent or Guardian, consent to allow \_\_\_\_\_ my child to participate in field trips, by foot or bicycle and including transportation by Mountain Kids Staff, using Mountain Kids, vehicles during the dates of May 30-August 18, 2017. I understand transportation and field trips may involve activities, risks, and responsibilities beyond those normally encountered at Mountain Kids and may include potentially severe injuries or illness and damage to my child or my child's equipment and other personal property. I have obtained adequate insurance to cover any such injury, illness, or damage, or else I agree to bear the costs of such injury, illness, or damage myself.

It is the camper's responsibility to be on the bus at the appointed time. If a camper is late to the Mountain Kids bus, it is the camper's responsibility to arrange alternate transportation to the activity. Buses will leave at the designated time-NO EXCEPTIONS

**Initial: \_\_\_\_\_**

I acknowledge that I have read this entire document, that I understand and agree with each statement in it, and that I am signing it voluntarily and with full knowledge of its contents.

**Responsible Adult's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**