

Montana Super Skippers Registration/Waiver Release

Jumper Info:

Jumper #1 Name _____ M / F Birthday ___/___/___

Allergies/Medical Conditions _____

Jumper #2 Name _____ M / F Birthday ___/___/___

Allergies/Medical Conditions _____

Jumper #3 Name _____ M / F Birthday ___/___/___

Allergies/Medical Conditions _____

PARENTS OR GUARDIANS/EMERGENCY CONTACTS:

Parent/Guardian Name #1 _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Email: (print clearly) _____

Parent/Guardian Name #2 _____ Relationship _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email: (print clearly) _____

ASSUMPTION OF RISK – WAIVER OF LIABILITY – MEDICAL AUTHORIZATION – MEDIA RELEASE

I, the undersigned, 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 jump rope and gymnastics. I am also aware that participation in day camps, practice, halftimes, competitions, and other performances involves transportation to and from events and as a result persons could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person (Jumper) participating in Montana Super Skippers Programs, camps, and activities and I ACCEPT ALL RISKS associated with that participation. I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors hereby CONVEYANT NOT TO SUE and FOREVER RELEASE The Montana Super Skippers, its officers, directors, volunteers, or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision or control of The Montana Super Skippers., including without limitation those damages or injuries resulting from acts of negligence on the part of its officers, directors, volunteers, or agents. In the event of an accident or emergency I would like the above-mentioned person to be taken to a hospital for medical treatment and I hold The Montana Super Skippers, 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 the above named as a result of any injury sustained while participating at or for The Montana Super Skippers.

MEDIA RELEASE: I am aware that parents, grandparents, media, employees, or other persons may take photos or videos with the Montana Super Skippers and in consideration for my or my child(ren)'s participation I hereby grant my permission for my or my child(s) likeness to appear on the internet or in electronic or printed publicity or advertising.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Printed Name _____ Signature _____ Date _____

How did you hear about us?

Website Radio Social Media _____ Web Search _____ Television Newspaper Special Event _____ Family/Friends _____

updated 9/20/17