

## WCGC Halloween Party Raffle Form/Waiver

Child's Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name \_\_\_\_\_ Hm Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Member \_\_\_\_\_ Non-Member \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Liability Waiver and Indemnity Agreement.** As conditions of the participation of the student described above ("my child") in any of the programs conducted by Walworth County Gymnastics Center (WCGC) including but not limited to tumbling, gymnastics, cheerleading, fitness classes, inflatable, rock climbing, and zip line, whether conducted on or off the premises of WCGC, I agree to the following:

1. I waive any claim for bodily injury, personal injury or property damage against WCGC, its officers, directors, shareholders, employees, agents and insurers (collectively, "Walworth County Gymnastics Center"), and any owners or lessors of the premises and any equipment used in connection with any programs of WCGC, arising out of our child's participation in any of the programs of WCGC whether on or off WCGC premises, or travel for the purpose of participating in any such programs or events.
2. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, myself, or any other family member.
3. This agreement shall remain in effect as long as and whenever our child participates in any activity at or with WCGC.
4. If this agreement is not effective to waive liability on behalf of our child, ourselves, or any other family member, we further agree to indemnify WCGC for its liability including all costs, fees, and expenses incurred by WCGC in connection with such liability.
5. We reserve the right to use your or your child's image or likeness in any WCGC promotional material.

**Authorization of Medical Care:** In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

**Acceptance of Rules and Policies:** I have read and understand Walworth County Gymnastics Center rules and policies and agree to abide by them through the course of my, and my family's involvement with the program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Acceptance of Rules and Policies:** I have read and understand Midwest Twisters Gymnastics rules and policies and agree to abide by them through the course of my, and my family's involvement with the program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_