



Field Trip Participation Waiver & Consent

Please fill out this form and bring it to the event. You can also email it to scampsoffice@bgckenosha.org prior to the date of the event.

Name of Group: _____

Date of Event: _____ Start Time : _____ Length of Field Trip _____

Attending Guest's Name: _____ Date of Birth _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Parent's Name _____

Parent's Email Address: _____

Emergency Contact Phone Number: _____

In consideration of being allowed to participate in any Boys & Girls Club of Kenosha, Inc. events and/or activities, the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardians consent to and will instruct the minor participating in any Boys & Girls Club of Kenosha, Inc. event or activity and regularly thereafter, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant and/or parent should immediately advise the instructor of such condition and refuse to participate. I understand that participation in gymnastics activities involve motion, rotation, and height in a unique environment and as such carries with it the risk of injury.
2. Participant shall be instructed to and shall carefully review and follow all Boys & Girls Club of Kenosha, Inc. rules and safety guidelines.
3. I/We fully understand and will instruct the minor participant that:
 - A. There are risks and dangers associated with participation in gymnastics events and activities including but not limited to bodily injury, partial and/or total disability, paralysis, and death; and
 - B. The social and economic losses and/or damages which could result from those risks and dangers described above could be severe, and
 - C. These risks and dangers may be caused by the negligence of the participant or the negligence of others, and
 - D. There may be other risks not known to us or not to be reasonably foreseeable at this time.
4. I hereby authorize the staff at Boys & Girls Club of Kenosha, Inc. to act for me according to their best judgment in any emergency requiring medical attention provided I cannot be reached. I hereby shall defend, indemnify and hold harmless Boys & Girls Club of Kenosha, Inc., its parent, affiliates, successors and assigns, and their respective employees, agents, directors, and officers from and against any and all liability, actions, suits, proceedings, claims, demands, losses, costs and expenses, including actual legal costs and attorneys' fees, resulting from injuries to or death, or contracted, as a result of my/this child's participation in those activities. This waiver also applies to any member of my family including myself. All medical expenses incurred will be the responsibility of the gymnast or the gymnast's family.
5. Boys & Girls Club of Kenosha, Inc. is not responsible for personal items that are lost, stolen, or damaged.

I/We have read and agree to all the above conditions for permitting my child to participate in any Boys & Girls Club of Kenosha, Inc. activity and sign in voluntarily.

Parent or Guardian Signature	Relationship	Date
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Printed Name of Student: _____