



Date: _____

Lake Forest Facility

Event: Veterans Day Camp – Monday, November 12, 2018

Child's Last Name	Child's First Name	M/F	Age	Birthday

Mother's Name:		Mother's Cell:
Father's Name:		Father's Cell:
Address:		Home Phone:
City:	Zip:	
We e-mail various camp reminders and information. Please write the address (es) you would like us to use.		Mother's E-mail:
		Father's E-mail:
How did you hear about us?		

Emergency Contact / Medical Information

Medical Information (Allergies, Conditions, etc.):		
Non-Parent Emergency Contact:	Relation to Child:	Phone:
Mother's Work Phone:	Father's Work Phone:	

★★ Please read and sign the back ★★

Office Use Only

Charges: Please note – Sign ups after 11-3-18 will incur a \$5 late fee per child

Child	Full	Half	EDO	Sub-Total
	\$57	\$37	\$7.00	
	\$52	\$33.50	\$5.00	
	\$52	\$33.50	\$5.00	

Payment

Total Due: _____

Date Paid: _____

Method: _____

Received by: _____

Total Received: _____

Payment Input in Computer: _____

Payment in reg.: _____

In Binder: _____ (initial/date)

NOTES:

Date	Initials	Note

**WILDFIRE ASSUMPTION OF RISK AND RELEASE OF LIABILITY
AND MEDICAL AUTHORIZATION**

PLEASE READ CAREFULLY BEFORE SIGNING.

I am the parent or legal guardian of _____, age _____, and I have the legal authority to enter this agreement on behalf of that child. I understand that Wildfire Gymnastics, Inc. (hereafter, "Wildfire") offers social, recreational and competitive activities, training, camps and other events to families, children and competitive athletes.

INHERENT RISKS

I understand that social, recreational and competitive activities, including but not limited to gymnastics at every level, whether introductory, recreational or competitive, and training in those activities, involves inherent risks of injury and in rare cases, death. Activities such as running, jumping, tumbling, trampoline, stretching, fitness activities, and the use of all manner of equipment and apparatus at the facilities of Wildfire and at other facilities that offer recreational, gymnastics, exercise, fitness and competitive activities, necessarily involve inherent risks of injury and death. I understand that travel to other facilities for competition or training also involves such risks.

Recognizing the above-described risks, I voluntarily agree to expressly assume all risks of injury or death that may result from participation by my child in all aspects of activities at and through Wildfire, including, but not limited to, activities that do not involve fitness or gymnastics. The risks assumed extend to both fitness-related, gymnastics-related and non-gymnastics activities, including, but not limited to, recreational and social activities, such as childcare, birthday parties, camping trips, and all other activities sponsored by or conducted by Wildfire.

RELEASE OF LIABILITY FOR NEGLIGENCE

I understand that by signing this agreement I am **RELEASING** Wildfire and **RELEASEES** (defined below) and **WAIVING** any right that I or my child or any legal representative of my child may have to bring a legal action for **NEGLIGENCE** against Wildfire and **RELEASEES**.

As consideration for my child's participation in the activities contemplated by this agreement, I **AGREE TO RELEASE** Wildfire and all related entities, and their officers, staff, coaches, employees, volunteers, attorneys, agents, representatives, affiliates, successors-in-interest, insurers and assigns, as well as other parents whose children are involved with Wildfire and their children (collectively "**RELEASEES**"), from all liability for injury, death, and property loss and damage that arises out of or results from my child's participation in the activities and events described above, whether or not such activities or events occur on the property of **RELEASEES**, including all liability which results from the **NEGLIGENCE** of Wildfire and **RELEASEES** or from the negligence of co-participants in such activities.

AUTHORIZATION OF MEDICAL TREATMENT

While Wildfire staff, employees and volunteers are not medical professionals, I authorize any representative of **RELEASEES** to administer first aid to my child, as they deem reasonably necessary, but I recognize that such representative is not obligated to administer first aid. I authorize medical and surgical care and transportation of the child listed above to a medical facility or hospital as such representative deems necessary for my child's well-being, at my expense.

BINDING EFFECT

This entire agreement is binding upon me, my child's parents and legal guardians, and upon my child, as well as upon my child's heirs, executors, administrators, and assigns. I acknowledge that this agreement is entered into in Orange County and is governed by the laws of the State of California. Venue for any legal action under this agreement is otherwise only allowed in Orange County, California. If any provision of this agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement will be severable and remain in full force and effect.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS ASSUMPTION OF RISK AND RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION. ON BEHALF OF MYSELF AND MY CHILD, WE AGREE TO COMPLY WITH THE POLICIES AND GUIDELINES OF WILDFIRE GYMNASTICS, INC., AS A CONDITION OF PARTICIPATING IN ACTIVITIES SPONSORED BY WILDFIRE.

Signature of parent or legal guardian: _____ Date: _____

Print Name: _____ Driver's License No.: _____