



# Field Trip Participation Waiver & Consent

Please fill out this form and bring it to the event. You can also email it to scampsoffice@aol.com 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 Scamps, 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 Scamps, 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 Scamps, 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 Scamps, Inc. to act for me according to their best judgment in any emergency requiring medical attention provided I cannot be reached. I hereby forever waive and release Scamps Gymnastics, it's employees, and directors (collectively, Scamps, Inc.) and the owners of the premises, from any and all liability for any damages ,injuries or illnesses incurred while at Scamps, Inc.. 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. Scamps, 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 Scamps, Inc. activity and sign in voluntarily.***

Parent or Guardian Signature

Relationship

Date

Printed Name of Student: \_\_\_\_\_