



216 Commerce St Missoula, MT 59808
406.728.4258 rootsacroports@gmail.com
www.rootsacroports.com

Student Last:

Student Information

Name: _____ Sex ____ Age ____ DOB ____ / ____ / ____

Name: _____ Sex ____ Age ____ DOB ____ / ____ / ____

Name: _____ Sex ____ Age ____ DOB ____ / ____ / ____

Guardian Information

—Primary Contact: _____ Relationship: _____

Cell #: _____ Texting OK: ☐ Home #: _____ Work #: _____

Email Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Preferred method of contact: _____ Best time of day to contact: _____

—Secondary Contact: _____ Relationship: _____

Cell #: _____ Texting OK: ☐ Home #: _____ Work #: _____

Email Address: _____

—Emergency Contact Name: _____ Relationship: _____ Phone # _____

How did you learn about Roots Acro Sports? Friend ____ Internet ____ Mamalode ____ Other ____

Student First:

ASSUMPTION OF RISK* WAIVER OF LIABILITY* PHOTO RELEASE* MEDICAL AUTHORIZATION

As a legal guardian of _____ and/or _____ hereafter referred to as child, I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, martial arts, and dance. I am also aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Bitterroot Gymnastics programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for me or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors. PROMISE NOT TO SUE and FOREVER RELEASE Roots Acro Sports, its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in Roots Acro Sports publicity or advertising.

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Roots Acro Sports and its representative harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Roots Acro Sports.

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

Parent/ Legal Guardian's Signature _____ Date: _____

Print First and Last Name: _____