Trial Class Consent & Waiver Form

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONSENT FOR MEDICAL TREATMENTAs the parent or legal guardian of the above-named participant(s), I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

RISK OF INJURY RELEASEThe safety of the athletes is of prime importance and all attempts are made to manage the foreseeable risks as effectively as possible. However, the risk of injury exists in all athletic activities and may range from minor sprains and bruising to more serious injuries with lasting effects. I acknowledge and accept the risks involved and agree that these injuries result from the nature of the activity itself and are not caused by the fault of BattleReady Bears, its volunteers, agents, etc. or Variety Village.

PROMOTION CONSENT & MEDIA RELEASEBattleReady Bears and their agents or representatives may film, audio tape, video tape, and/or photograph our students for the purpose of promotion and advertising on their social media, print, and online platforms. *Please indicate your preference for your child/children below*:

\_\_\_\_\_\_\_\_ I hereby consent to my child/children (named above), being filmed, audio taped, video taped and/or photographed during the program by BattleReady Bears and their agents or representatives for the purpose of promotion and advertising on their social media and online platforms.

\_\_\_\_\_\_\_\_ I do not consent to my child/children (named above), being filmed, audio taped, video taped and/or photographed during the program by BattleReady Bears and their agents or representatives for the purpose of promotion and advertising on their social media and online
platforms.

By signing and submitting this registration consent & waiver form, you understand and agree to all policies and releases outlined in this registration and waiver document.

**Parent’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent’s/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**