



HUHS YOUTH GYMNASTICS CLINIC

The Hartford Union High School Gymnastics Team will be sponsoring a Youth Gymnastics Clinic. It is open to girls in 1st-8th grade. The clinic is a fundraiser for the HUHS Gymnastics Team.

Date: Saturday, December 15th

Time: 11:30am-1:30pm

Location: South End of the HUHS Field House: 805 Cedar St. Hartford, 53027

Cost: \$20

Participants should wear a leotard or tighter fitting athletic shirt & shorts.

NO JEANS or SHORTS WITH BUTTONS/ZIPPERS

Hair must be tied back. No Jewelry, watches or FitBits will be allowed.

To register please turn in the waiver form with the \$20 payment to HUHS Gymnastics: 805 Cedar St. Hartford, 53027 by December 10th. If you have any questions please feel free to contact Mary at 262-673-4542 or mary.scherr@huhs.org



**** WAIVER MUST BE SIGNED IN ORDER TO PARTICIPATE****

HARTFORD UNION HIGH SCHOOL GYMNASTICS CLINIC WAIVER & RELEASE FORM

Participants Name _____ Birthdate ____/____/____

Participants Name _____ Birthdate ____/____/____

Participants Name _____ Birthdate ____/____/____

Parent Name _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Emergency Contact _____ Relationship _____ Phone _____

Hartford Union High School is committed to conducting its activities in the safest manner possible. We hold the safety of the participants in the highest possible regard. Parents must recognize however that there is an inherent risk of injury when choosing to participate in recreational activities. Hartford Union High School continually strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety. **RELEASE OF LIABILITY WAIVER: WARNING! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY.** In consideration of Hartford Union High School accepting my child into participation and/or training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree, as my child's parent/guardian to assume responsibility for all risks, cost, or losses sustained by my child, or my child's family in connection with participation in gymnastics camp or any other activities connected with Hartford Union High School.

I give my permission to Hartford Union High School and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Hartford Union High School Gymnastics.

In case of an emergency, I understand my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached.

Further, I hereby release and agree to hold harmless and to indemnify Hartford Union High School employees, owners or volunteers from any claims, losses or expenses incurred or on the behalf of me, my child or my child's family.

CONSENT TO PHOTOGRAPH AND MEDIA REALEASE: I understand that my child's photograph or video may be taken during the course of the clinic sanctioned by Hartford Union High School. I hereby grant permission to use my child's photograph or likeness in any publicity or promotional publications (e.g., web site, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

I do **NOT** want my Child(ren) photographed.

I have read and understand this "Release of Liability Waiver" and "Consent to Photograph and Media Release" and I voluntarily affix my name in agreement.

Parent/Guardian (Please Print) _____ Date _____

Parent/Guardian Signature _____