



**The Fraser Valley Metropolitan Recreation District**  
**Release Waiver 2009/2010**  
Gymnastics/Tramp Programs

Activity(S): _____	Participant Name: _____
Mailing Address _____	Town: _____ Zip: _____
Participant/Parent/Guardian 1: _____	H#: _____ W#: _____ C# _____
Participant/Parent/Guardian 2: _____	H#: _____ W#: _____ C# _____
E-mail: _____	Birthday: _____

I, the undersigned, understand the dangers and risks involved with participation or being a spectator with the Gymnastics/Tramp Programs and the possible injuries that can occur. The Fraser Valley Metropolitan Recreation District (FVMRD) strives to provide a safe environment for its Gymnastics/Tramp participants. However, it is important for the participant (or his or her legal guardian, if the participant is under 18), to understand that even with safety measures, participation in Gymnastics/Tramp programs involves unavoidable exposure to an inherent risk of injury.

In consideration of being permitted by the Fraser Valley Metropolitan Recreation District to either participate in or to be a spectator with the Gymnastics/Tramp Programs, I hereby assume all risks and release, indemnify, waive, discharge, and covenant not to sue (both myself and minor children of mine attending such activities and for my heirs, personal representatives and assign), the Fraser Valley Metropolitan Recreation District, its Board of Directors, all of their employees, officers, committee representatives and assistants from all liability to me of any loss, damage or personal injury or any such claims, on my minor children present at such activities, whether or not caused totally or partially, by the negligence of the Fraser Valley Metropolitan Recreation District or such persons while the undersigned is participating in such activities or is a spectator at such activities. The Undersigned hereby assumes full responsibility for any risk or bodily injury of property damage caused by such described participation or as a spectator. I further release all officials, supervisors, employees, and other agency personnel from any claim whatsoever, including negligence, on account of first aid treatment, or services render to me or my minor children during or after such described participation or while acting as a spectator. This general release shall apply until revoked or canceled in writing by the undersigned.

**I THE UNDERSIGNED, UNDERSTAND THIS RELEASE WILL BE ON FILE FOR THE YEAR 2009-2010 TO COVER ANY PARTICIPATION OR BEING A SPECTATOR WITH THE GYMNASTICS/TRAMP PROGRAMS FOR THE YEAR 2009-2010.**

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Participant or Parent/Guardian)

EMERGENCIES

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE:** I, \_\_\_\_\_ Hereby give permission to the Fraser Valley Metropolitan Recreation District Administration or staff to contact a doctor for medical or surgical care for treatment or care for myself or my child, \_\_\_\_\_. Should an emergency arise, the expense of emergency medical treatment or care will be accepted and paid by me.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Participant or Parent/Guardian)

**Person other than parent/guardian to be notified in case of emergency situation when parents are not available:**

Name \_\_\_\_\_ H# \_\_\_\_\_ W# \_\_\_\_\_ C# \_\_\_\_\_

Name \_\_\_\_\_ H# \_\_\_\_\_ W# \_\_\_\_\_ C# \_\_\_\_\_