

1. PARTICIPANT INFORMATION

Participant Name:

Date of Birth:

Gender:

Mobility or Medical Concerns:

What type of sports would you like to try: (soccer, basketball, bowling, etc)

2. EMERGENCY CONTACT INFORMATION

Parent or Caregiver:

Contact Number(s):

Email Address:

Mailing Address:

3. TIME AVAILABILITY

Select a time that works for you (circle one):

TIME: 10:30-11:30 11:30-12:30

CONSENT

To: Move for Inclusion (Organizer)

IN CONSIDERATION OF the participant named below (the "participant") being permitted to participate in Move for Inclusion Vikings recreational and classroom activities (the "Activities"), I,

_____ (please print) the undersigned parent or caregiver of the

participant, on behalf of myself, my heirs, executors, administrators and assigns, hereby:

1. Acknowledge that certain risks of injury are inherent to participation in Vikings activities and understand that serious injury, and even death, is possible in such participation and may result from the participant's actions, the actions or interactions of others, or a combination of both.
2. Give permission for the participant to participate in the Activities.
3. Consent to any Release administering, or consenting to the administration of, such emergency medical care to the participant, as such person deems appropriate in the circumstances; including transportation to a medical facility by ambulance, as deemed necessary, at my expense.
4. Understand and acknowledge that the Organizer does not carry or maintain medical or disability insurance coverage for the participant, and therefore agree to assume responsibility for insurance coverage of the participant.
5. Give permission to have photos of my participant taken during the camp and used in future promotional literature and on our website. The participant's name will not be used.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

Participant Signature

Participant Name (Print)

Date

Parent/ Caregiver Signature

Date