



GUTS! Registration Form 2014/2015

Participant's Name: _____ Participating in: Fall Spring

School: _____ Grade: _____

Date of Birth: _____ Ethnicity: _____

Address: _____
Street City State Zip

Parent/Guardians' Name(s): _____

Parent(s) Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

Student Cell Phone Number (if applicable): _____

Emergency Contact Name and Phone Number (if different from Parent/Guardian):

Parent(s) Email address: _____

Medical Information

Please list any medical/mental condition(s) including allergies that your child has that we should be aware of in working with your child.

The following information will help us provide your child with needed care:

Medical Insurance Provider: _____ Policy Number: _____

Why is your daughter interested in GUTS!?

If participating in GUTS! after school, how will your child get home afterwards? (please circle)

A parent or other adult Bus or public transportation Walking or Biking

Anything else you would like us to know:

CONTINUED ON OTHER SIDE

YWCA Missoula
1130 W. Broadway
Phone: (406) 543-6691
Fax: (406) 543-6777

email: rerin@ywcaofmissoula.org
website: www.ywcaofmissoula.org

Waiver and Release Agreement

Please read carefully before signing. This is a release of liability and waiver of certain legal rights. In consideration of my being permitted to participate in the activities of Girls Using Their Strengths (GUTS!) and /or the YWCA Missoula, I agree to the following Waiver and Release.

I acknowledge that hiking, backpacking and other outdoor activities have inherent risks, hazards, and dangers for anyone that cannot be eliminated, particularly in a wilderness environment. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

1. Travel in rugged country with possible avalanche danger.
2. Encounters with wildlife.
3. Temperature extremes.
4. Inclement weather conditions and unavailability of immediate medical attention in case of injury.
5. Injuries due to hiking accidents.

I understand these risks, hazards and danger of outdoor activities and have had the opportunity to discuss them with the GUTS! Staff. I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have the good physical condition and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have these responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of these risks. I AM VOLUNTARILY USING THE SERVICES OF GUTS!/ YWCA Missoula WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY , PARALYSIS OR DEATH.

Lastly, I for myself, my heirs, successors, executors and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS GUTS!/YWCA, their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to, NEGLIGENCE, of any kind or nature, whether such damage loss, injury, paralysis or death results from negligence of GUTS!/ YWCA or from some other cause I, for myself, my heirs, my successors, executors, and subrogees, further agree not to sue GUTS!/YWCA Missoula as a result of any injury, paralysis, or death suffered in connection with my use and participation in the activities of GUTS!/ YWCA.

I agree that GUTS!/ YWCA Missoula may photograph and record my likeness and activities. I grant the following rights to GUTS!/ YWCA Missoula, her/his agents and assigns: permission to use and re-use, publish and re-publish, and modify or alter the image(s) taken during the shoot. Use of the images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge GUTS!/ YWCA Missoula and her/his agents and assigns from any and all claims arising out of use of the images for the purposes described above, including any claims for libel, invasion of privacy or other tortuous act.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

Participant's Name: _____ Participant Signature: _____

Parent's Name: _____ Parent's Signature: _____

Date _____ (if under 18 must have parent's signature)

PERMISSION TO RECEIVE FIRST AID & TO SECURE MEDICAL HELP

I am sufficiently fit to participate in this program. I have completed health history information that is accurate, complete, and true to the best of my knowledge. I agree to notify the program facilitator(s) of any changes to my health and fitness, which may occur before or during the program. Should I become ill or injured, I give permission for the program facilitator(s) to render first aid and to seek emergency medical or rescue services, as they see fit and at my cost.

Signature (If under 18 parent or guardian must sign): _____ Date: _____