



PERMISSION FORM FOR ROUTINE FIELD TRIPS TO: Kids First Sports Center

Date of Permission: (valid for one year)	
Mode of Transportation:	Walking
Access to water over two feet in depth:	No. There will be no routine field trips to the swimming pool at <i>Kids First Sports Center</i> .
Child's Name:	DOB:
Child's Name:	DOB:
Child's Name:	DOB:

I understand that students enrolled in *The Campus at Kids First* ("*The Campus*") attend routine field trips to various sports and other venues located on the *Kids First Sports Center* premises and I hereby grant my permission for my child(ren) to participate in such routine field trips.

PARENT / LEGAL GUARDIAN:

Printed Name: _____

Signature X: _____ Date _____

ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION • PHOTO RELEASE

ASSUMPTION OF RISK. I recognize that sports can be dangerous and that severe injuries, including paralysis or death can occur in any activity involving height or motion, such activities including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, swimming and diving. In addition, I recognize that swimming or any activity in or around water can result in brain damage or drowning. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all programs and activities at Queen City Gymnastics Center, Inc., dba Kids First Sports Center and its affiliated entities including but not limited to The Campus at Kids First, RG Basketball, Hubbard Family Swim School, Patti Pille School of Dance, Nishime Family Karate, Poppell Soccer ("Kids First & Affiliates") and **I ACCEPT ALL RISKS ASSOCIATED WITH SUCH PARTICIPATION.**

WAIVER OF LIABILITY. In consideration for me or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, **PROMISE NOT TO SUE and FOREVER RELEASE** Kids First & Affiliates and their respective officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damages or injuries incurred as a result of participation including those resulting from acts of negligence.

MEDICAL AUTHORIZATION. In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Kids First & Affiliates and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Kids First & Affiliates.

PHOTO RELEASE. I am aware that parents, grandparents, media, employees or other persons may take photos or videos on the Kids First premises and in consideration for my or my child(ren)'s participation I hereby grant my permission for my or my child's likeness to appear on the internet or in electronic or printed publicity or advertising.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and PHOTO RELEASE and I VOLUNTARILY affix my name in agreement.

PARENT / LEGAL GUARDIAN:

Printed Name: _____

Signature X: _____ Date _____