



711 W. 9th St. N. Ladysmith, WI 715.609.1310

POLICY & Waiver

(1 per family, and kept on file for 1 year)

WHO MAY PARTICIPATE? Anyone ages 1 and older who is willing to abide by the rules listed below may participate. All non-members (individuals who are not enrolled in a class) are required to have a parent sign the waiver. Handwritten and verbal waivers are not acceptable. Waivers are good for the entire year. Current OFFERING HOPE & WELLNESS members do not need a waiver signed (as they already have signed a waiver). All children (under 13) must be accompanied by an adult.

Participant Info:

Last Name: _____ First Name: _____ Age: _____ Gender: _____ DOB: _____

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Last Name: _____ First Name: _____ Age: _____ Gender: _____ DOB: _____

**We request the above information in case of emergency where medical help is needed.*

Parent/Guardian Info:

Last Name: _____ First Name: _____ Emergency Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Second Emergency Contact Name & Phone _____

Hospital: _____ Health Insurance Company: _____

Pre-Existing Medical Conditions of which we should be aware:

ASSUMPTION OF RISK: Even under the best conditions, accidents can occur. Most result in minor sprains or contusions. Although the incidence is extremely rare, some accidents result in serious or permanent injury, including death. The Coaches are dedicated to providing the safest possible teaching environment. Parents and students must appreciate, however, that no amount of matting, safety rules, or excellent teaching can guarantee an injury-free program. I have read and understand the above and consent to my participation at Offering Hope & Wellness. In addition, I release Offering Hope & Wellness LLC/Offering Hope Therapies, Inc., from liability to warn that injury may occur as a result of my child (s) participation in the aforementioned open gym. AUTHORIZATION OF MEDICAL CARE: In case of illness or injury (if a parent or emergency contact cannot be reached.) the Staff of Offering Hope & Wellness may authorize medical care and treatment for the above named participant(s).

Participant's Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____