

## PARTICIPATION LIABILITY WAIVER FOR CHILD/MINOR

Participant's Name:	Date(s) Of Activity:
Parents Name:	Parents Phone:
Parents Email:	
Notice of Risk / Ackr	nowledgement of Possibility of Injury
participants and their parents aware of the Children/Minors may should make their children aware of the possibility of injury Going Vertical and its staff members will not accept response	ertical Athletic Training Center, LLC recognize our obligation to make our risks and hazards associated with the following activities: suffer injuries, possibly minor, serious, or catastrophic in nature. Parents and encourage their children to follow all the safety rules and instructions. sibility for injuries sustained by any child/minor during the course of activities wledge these risks of injury, and I agree that Going Vertical, its staff, owners
	h injuries. I have read and also understand Going Vertical's registration
Release	e and Waiver of Liability
in the programs offered by Going Vertical. I, my executors or damages of any kind that I or my minor/child may have of participation in activities at the Going Vertical Facilities.	and possibility of injury involved, I consent to have my minor/child participate or other representatives, waive and release all rights and claims for injuries against Going Vertical and/or its staff, owners or representatives arising out This release/waiver does not discharge Going Vertical, its employees, and ossly negligent or arise out of wanton and willful misconduct.
Posting of	Pictures/Videos of Minors
In order to protect the privacy of youth, permission must als pictures or videos of minors. (Please check which one appli	o be obtained, in writing, from the parent or guardian before sharing/posting es)
I give permission for my child's picture, with name, to Vertical Athletic Training Center.	be posted on a website or social network page associated with Going
I give permission for my child's picture, without name, this parish organization.	to be posted on a website or social media network page associated with
I do not give permission for my child's picture to be po	osted on a website or social media network page.
Medical Emer	gencies – Permission to Treat
consider adequate for both my child's protection and my representatives are not physicians or medical practitioners to Going Vertical's staff, owners and representatives to ren and if deemed necessary by the Going Vertical staff to ca	e proper hospitalization, health, and accident insurance coverage, which I own protection. I fully understand that Going Vertical's staff, owners and of any kind. With the above in mind, I hereby grant consent and permission der temporary first aid to my minor/child in the event of any injury or illness, ill our doctor and to seek medical help, including transportation by a Going ealth care facility or hospital, or the calling of an ambulance for said child
By signing below I acknowledge I have read the above and	agree to all of these terms.
Parent/Guardian Signature	