

# BENSWIC<sup>®</sup>

## PARENTAL RELEASE FORM

I, \_\_\_\_\_, am the legal parent/guardian of \_\_\_\_\_,  
**(Parent/Guardian Name)** **(Student Name)**

and give permission for them to attend and participate in Benswic Youth Programs

\_\_\_\_\_ which he/she will start \_\_\_\_/\_\_\_\_/\_\_\_\_ .  
**(Student Name)**

On behalf of the student, the student's parents and/or legal guardian, I here by:

1. agree to assume all risk of personal injury and property loss arising from participation in any athletic activities;
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participating in any fitness program. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in this class.
3. agree to hold harmless any of our staff, employees, agents, representatives responsible for any injury or property loss sustained during participation in any athletic and recreational activities;
4. grant permission to the staff/coach/trainer or medical personnel to render, or engage medical personnel to render, preventative, first aid and/or emergency treatment that they deem necessary to the student's health and well-being. I understand that reasonable effort will be made to contact me, or the emergency contacts listed below, prior to such action and any expenses incurred are at my expense;
5. agree to accept any decisions made by the staff/coach/trainer in the termination of any youth attendance;
6. grant officers, representatives, and employees permission to videotape, photograph or otherwise record the student and to use such recordings and biographical data in any media, on a perpetual basis, for all purposes consistent with Benswic's mission.

In consideration for permission for the child to participate in the Benswic Youth classes, on behalf of the child, the child's parents and/or legal guardian, I release officers, agents, representatives, and employees from any and all claims which the child, the child's parents and/or legal guardian, may have as a result or personal injury or property loss arising out of, or connected in any way with, their participation in any athletic and recreational activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

1<sup>st</sup> Emergency Contact Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_