



## Bootcamp Waiver & Release/Media Release - MINORS

The undersigned HEREBY RELEASE, discharge, and covenant not to sue the Hudson Valley Horrors Roller Derby, Inc., their administrators, directors, agents, officers, volunteers, employees, and bootcamp participants or Hyde Park Roller Magic, owners and lessors of premises, on which the Activity takes place, (each considered on of the Releases herein) from all liability, claims, demands, losses or damaged on my account causes or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise.

I understand that HVHRD bootcamps are open to minors (9-17) and adults (18+) who are not affiliated with the HVHRD. HVHRD is not responsible for any actions of the bootcamp participants.

I acknowledge, appreciate and agree that: The risk of injuries from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury still remains; and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and I assume full responsibility for my minor child's participation.

I understand that my child is borrowing used protective gear and that it is my responsibility to inspect the protective gear before each use for safety. If, however, I observe any unusual significant hazard during my presence or participation, I will remove my child from participation and bring such to the attention of the nearest official immediately; and, I, for myself, my minor child, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Hudson Valley Horrors Roller Derby, Inc., the rinks, coaches, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors and advertisers ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss, or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Medical Release: In the event I cannot be contacted in regard to an injury; I hereby grant HVHRD permission to provide medical services to my minor child.

Media Release: I hereby grant Hudson Valley Horrors Roller Derby, Inc. permission to publish in print, electronic, video, or any other media format, the likeness of my child.

I release all claims against Hudson Valley Horrors Roller Derby, Inc. with respect to copyright ownership and publication, including any claim for compensation related to the use of the materials.

Skaters Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Skaters Signature: \_\_\_\_\_

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

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

Emergency Contact #: \_\_\_\_\_

Relation to Skater: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

## Health Registration

Does the skater have...	Yes	No
(Circle one) ADD / ADHD?		
Allergies? List (allergen and type of reaction):		
Asthma?                      List triggers: Circle one:                      Mild   Moderate   Severe		
Blood disorder?		
Diabetes? Circle:   Type 1      Type 2		
Depression, anxiety, or emotional concerns? Please specify:		
Hearing or vision concerns? Specify:		
Heart problems?		
Migraines?		
Seizure disorder?		
History of serious injury or illness?		
Any other health concerns?		

\*Please attach a copy of primary health insurance card (Front and back)

If you checked YES for any of the previous questions, please provide more details about the skaters' condition.

If you checked YES for any of the previous questions, has the skater ever visited the emergency room or hospital for this condition? Please explain.

Does the skater take medication of any kind? (Circle)    YES                      NO

If YES, please explain.