

**Big Foot Recreation District 401 DEVILS LANE** P.O. BOX 99 WALWORTH, WI 53184

PHONE • (262) 275-2117 dconnley@bigfoot.k12.wi.us www.bigfootrecreation.org

## Open Gym Waiver

Location: Fontana Elementary - Reek Elementary - Sharon Community School - Walworth Elementary - BFHS

\$5 drop-in fee Fee:

In order for your child to participate, a parent/guardian must fill out the following form. Anyone who does not have this form filled out will not be allowed to participate in Open Gym. Once the form is completed you will not have to fill out anoth Recre

another one for the entire school year. Please		orm and return it to the super	visor or the
Recreation District located in Big Foot High S	School.		
	TION DISTRICT PROGRA		RM
Child's Name			
Date of BirthAddress	Grade		
Address	City	Zip	
Parent's Name			
Cell Phone #			
Emergency Contact	Phone		
(In case the parent	t/guardian cannot be reached)		
Special Requirements/Comments:_			
INSURANCE LIABILITY WAIVER  Please read this form carefully and be aware that in regis program(s), you will be waiving and releasing all claims "I recognize and acknowledge that there are certain risks injuries, damages or losses regardless of severity which associated with any such program."  "I agree to waive and relinquish all claims I or my child District, the Big Foot Union High School District, and it "I do hereby fully release and discharge the Big Foot Read all claims resulting from injuries, damages, and los associated with the activities of any of the B.F.R.D. prog "I have read and fully understand the above release and the service of the service o	s for injuries you or your child/ward migs of physical injury to participants in put h I or my child/ward may sustain as a d/ward may have as a result of participate officers, agents, servants and employed ecreation District / School District and sees sustained by me or by my child/wardman(s)."	ght sustain arising out of the of the programs and I agree to assume the financial result of participating in any activating in the program against the Bees."	orogram(s). ull risk of any such vities connected or ig Foot Recreation mployees from any
PHOTO POLICY Participants or their parents (if participant is under 18) permit to the Recreation District deems necessary.	he taking of photos, audio and videotapes d	uring Recreation District activities for p	publication and use as
I have carefully read and understan	nd the insurance liability waiv	er above.	
Parent/Guardian Signature		_ Date	