

Trial Date: _____
Trial Class: _____
Follow-up Date: _____



Family Last Name: _____

General Participant Waiver

Step 1. Family Information / Parent / Guardian / Billing Contact / Adult Participant Information

Adult #1 First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Adult #2 First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____ How Did You Hear About Us? _____
100% of our communication regarding class information is via email!
Emergency Contact Name: _____ Relationship: _____ Phone: _____

Step 2. Minor Participant Information

1st Participant Information

First: _____ Last: _____ Nickname: _____ Birth date: _____ Sex: _____

2nd Participant Information

First: _____ Last: _____ Nickname: _____ Birth date: _____ Sex: _____

3rd Participant Information

First: _____ Last: _____ Nickname: _____ Birth date: _____ Sex: _____

ANYTHING WE SHOULD KNOW ABOUT PARTICIPANT(S)

1. CONSENT TO PARTICIPATE FOR MINORS AND ADULTS

As the parent(s) or legal guardian(s) of the student(s) named above, and/or as an adult participant, I hereby consent to all participation in any and all programs at or for Motion Matrix.

2. ASSUMPTION OF RISK

I acknowledge that sports and activities involving height, motion or inversion including but not limited to gymnastics, trampoline, cheerleading, ninja, parkour, martial arts, dance, and general physical fitness carry the risk of severe injury, including paralysis or death. I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and/or I may be exposed to or infected by such bacteria or viruses by attending Motion Matrix and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Motion Matrix may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Motion Matrix employees, volunteers, and program participants and their families. I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s or my attendance at Motion Matrix or participation in Motion Matrix's programming.

3. SUPERVISION OF MINORS BEFORE AND AFTER CLASS

I acknowledge that Motion Matrix is not a drop-off facility and is not equipped to supervise my child(ren) before and after class and I agree to remain onsite with my child unless I have been instructed otherwise.

4. MEDICAL AUTHORIZATION AND INDEMNIFICATION FOR POSSIBLE FUTURE MEDICAL EXPENSES

In the event of a medical emergency I authorize that my child(ren) and/or I be transported to a medical facility for treatment and I hold Motion Matrix harmless in the execution of such. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child(ren) or me as a result of any injury sustained while visiting or participating at or for Motion Matrix.

5. WAIVER AND RELEASE

In consideration for my/my child's participation in activities at Motion Matrix, I hereby waive and release all claims or causes of action, including ordinary negligence, against Motion Matrix, its managers and members, and any of their employees, teachers, coaches, or agents, arising out of my/minor's participation in Motion Matrix activities wherever, whenever or however the same may occur. I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Oregon and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Josephine County, Oregon. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me/minor for the ordinary negligence of Motion Matrix or any person listed above

➔ Adult/Legal Guardian/Participant SIGNATURE: _____

Date: _____

PRINTED NAME FOR ABOVE SIGNATURE: _____

➔ Adult/Legal Guardian/Participant SIGNATURE: _____

Date: _____

PRINTED NAME FOR ABOVE SIGNATURE: _____