

**MAKE COPIES of FORM for EACH PERFORMER  
GILROY GARDENS  
MEDICAL RELEASE AND APPEARANCE FORM**

This form must be turned into the USA Event Director on the day of the event.

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

School/Group \_\_\_\_\_ Participant's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

If parent cannot be reached, please contact \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Have you had any serious illness, surgery or injury? If yes, please describe and give date(s) \_\_\_\_\_

Do you have any medical problems or allergies that may interfere with this event? \_\_\_\_\_

Describe the problem or limitations \_\_\_\_\_

Do you have medication for this, with you? If yes, please describe \_\_\_\_\_

**Medical Treatment Authorization and Liability/Appearance Release**

I understand that there are risks of physical injury (including but not limited to cuts, sprains, broken bones and/or catastrophic injury) associated with, arising out of and inherent to the activity taking place at this event. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence, arising as a result of such activity from which liability could accrue to Gilroy Gardens, its officers, agents, employees, instructors, subsidiaries, parent corporations and all affiliated entities (hereinafter collectively referred to as "GG").

I hereby agree to release GG and hold GG harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in this event on behalf of the participant.

I am aware that this is a release of liability and acknowledgment of my voluntary and knowing assumption of risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

I understand that Gilroy Gardens produces promotional material about their program. I understand that my son/daughter may be included in video tape or photography taken during this event. I hereby grant Gilroy Gardens, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or video tape my son/daughter and further to utilize my son/daughter's name, face, likeness, voice and appearance as part of the event, and in advertising and promotion of the event, without reservation or limitation. In granting this license, I understand that GG is under no obligation to exercise any of its rights, licenses and privileges herein granted.

If I am a minor, my parent and/or legal guardian has signed this document releasing GG from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this activity/event.

The above named student has my permission to attend/participate in the GG Event. I warrant the above information is complete and correct. I have completely read and understand the above release information. I hereby authorize the event director or their agent to act in my behalf to provide emergency medical treatment. I further release GG of all liabilities associated with my child's attendance at the competition.

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

\_\_\_\_\_  
Date

Rev. 04/01