



P.O. Box 423
Kemmerer, WY 83101
(307)877-6958

Tumbling with BOCES
Release & Registration Form

Participant Name _____ Age _____ Grade _____

Parent/Guardian Name(s) _____

Home Address _____ City _____ Zip _____

Phone # _____ Email _____

Emergency Contact (other than parent/guardian) _____

Emergency Contact phone # _____

I, _____ as the parent/guardian of _____
in the consideration of the acceptance of my child's participation, release Oyster Ridge BOCES and
Lincoln County School District #1 program from any and all liability, damages, or injuries suffered by the
participation in the classes through the "Tumbling with BOCES" program and understand that my child's
participation is entirely by my free will and with understanding of risk of injury involved.

As the parent/guardian of the participant, I assume all the risk and legal liability of the activities and
further release the Oyster Ridge BOCES and Lincoln County School District #1 from all and any past,
current, and future claims for injuries, damages or loss which my minor child/ward might sustain as a
result of participating in any and all activities that take place in the Oyster Ridge BOCES facilities.

My signature indicates that I have read and understand and do hereby agree to all printed and stated
conditions of "Tumbling with BOCES".

Parent/Guardian Signature _____ Date _____

COVID Disclosure and Release Activity Participation Form Addendum:

BOCES has put in place measures in an effort to reduce the spread of COVID-19. However, notwithstanding any such efforts, it is simply not possible to guarantee that COVID-19 is not present nor to prevent your child from becoming exposed to, contracting, or spreading COVID-19. By entering BOCES premises or participating in BOCES activities in-person, (“Activity”), your child(ren) are exposed to the risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT

Assumption of Risk for COVID-19: I understand that my child’s participation in this Activity is voluntary. By signing below, I acknowledge that I have carefully read the above; understand the risks of COVID-19 associated with entering BOCES premises or facilities and/or participating in this Activity. I voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to employees, agents, representatives, volunteers; other students, program participants, and their families; and/or other individuals who may be present in BOCES facilities or in attendance at any BOCES activity. I knowingly assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself. **Waiver of Liability/Hold Harmless:** By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I voluntarily agree to waive and discharge any and all claims against BOCES related to or arising out of COVID-19, and voluntarily release the BOCES from liability for any exposure to or illness or injury from COVID-19, including claims for negligent actions of the BOCES or its employees, agents, representatives, and volunteers related to or arising out of COVID-19, on behalf of myself and my child to the fullest extent allowed by law. By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I agree to release, discharge, and hold harmless the BOCES and its employees, agents, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from COVID-19.

Additionally, I will not bring my child to BOCES activities nor facilities if they have experienced fever, fatigue, cough, sneezing, aches and pains, runny or stuffy nose, sore throat, diarrhea, headaches or shortness of breath in the 24 hours preceding the activity time. Nor will I bring my child to BOCES activities if he/she has been exposed to COVID-19 within the past 72 hours. I will notify BOCES immediately if my child tests positive for COVID-19.

Parent/Guardian Signature _____ Date _____