



BOYS & GIRLS CLUBS
OF THURSTON COUNTY

Permission Slip and Participant Agreement

Member: _____

Home Phone: _____

Parent: _____

Work Phone: _____

Emergency Contact: _____

Phone: _____

Preregistration through South Sound Roots Academy is required***

When: Tuesday, Wednesday, Thursday of each week (times listed online)

Activity: Basketball Sessions during the 2023-2024 season

Parents'/Guardians' Consent

I/We the parent(s) of the above-named participant of the Boys & Girls Clubs of Thurston County & South Sound Roots Basketball, give approval for participation in the above-named South Sound Roots Basketball and Boys & Girls Club of Thurston County sponsored activity.

Assumption of Risk

I/We assume all risks and hazards incidental to participation in _____ (name of activity), including transportation to and from _____ (name of activity).

Indemnification

I/We do hereby waive, release, indemnify, hold harmless, and defend South Sound Roots and Boys and Girls Clubs of Thurston County and its agents and employees (hereby referred to as "released parties") from all suits and actions, including reasonable attorneys' fees and all costs of litigation and judgment of every name and description against South Sound Roots and Boys and Girls Club of Thurston County, as a result of loss, damage or injury to person or property by reason of any actions or omission for the purpose of _____ (name of activity)

Medical Release

Boys & Girls Clubs of Thurston County and/or South Sound Roots is authorized to provide or obtain medical care for my child, as is deemed appropriate or necessary, including a physical exam or emergency treatment. I/We also give permission to exchange medical information about my child with any third-party care providers.

I hereby authorize South Sound Roots and Boys & Girls Clubs of Thurston County to take or use photographs of above-named participant, without providing compensation or remuneration. These photos may be used to promote program and in Club publicity.

_____ (parents/guardian initials)

On behalf of my child, I agree to the terms of this Permission Slip and Participant Agreement and agree that the protections it provides to the released parties and indemnified parties are intended to be as broad and inclusive as permitted by Washington law.

Parent/Guardian Signature _____ **Date** _____