

**Glory to God "G2G" Motocross Camp**  
17551 Simpson Road, Prairieville, LA 70769  
(physical address: 18194 Conthia Street)  
(225) 622-3752 or (225) 622-4021  
**Permission/Waiver Form**

Print Participant's  
Name: \_\_\_\_\_

**Release of Liability:**

By signing this Permission/Waiver form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities held. I also expressly assume all risks of the child participating in the activities. I further release the organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This Release of Liability shall include (without limitation) any claims of negligence or breach of warranty. This Release of Liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify, and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**Emergency Info:**

- ❖ Health Insurance Company Name: \_\_\_\_\_
- ❖ Please provide a photo copy of child's health insurance card when mailing registration documents.
- ❖ Please choose preferred hospital in case of an emergency.  
Our Lady of the Lake                      Baton Rouge General                      St. Elizabeth Hospital  
\_\_\_\_\_ Essen Lane, B.R., LA      \_\_\_\_\_ Bluebonnet Blvd, B.R., LA      \_\_\_\_\_ Hwy 30, Gonzales, LA
- ❖ List two emergency contacts with their telephone numbers.  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Swimming Ability of Participant:**

\_\_\_\_\_ Non-swimmer      \_\_\_\_\_ Beginner      \_\_\_\_\_ Moderate      \_\_\_\_\_ Advanced

**Other Info:**

Information or comments for leaders about the child participant:  
\_\_\_\_\_  
\_\_\_\_\_

I represent that I am the parent/guardian of \_\_\_\_\_ who is under 18 years of age. I have read the above Permission/Waiver form and am fully familiar with the contents thereof. I give my permission for the child named above to participate in the activities of this organization, including any special events/activities held at Glory to God Motocross Camp. In consideration for allowing the participation of the child in these activities, I hereby consent to the Permission/Waiver form, including the Release of Liability above, on behalf of the child and agree that this Permission/Waiver form shall be binding upon me, my family, heirs, legal representatives, successors, assigns.

\_\_\_\_\_  
(Sign) Parent or Legal Guardian                      (Print) Parent or Legal Guardian                      Date