



815 Market Street, Suite 182

Lewisburg, PA 17837

570-524-4774

WAIVER AND RELEASE FROM LIABILITY

I, _____, desiring to participate in a program created and administered by the Buffalo Valley Recreation Authority (the "BVRA,") and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged and intending to be legally bound hereby, hereby agree to the following conditions:

1. I hereby release and forever discharge and hold harmless BVRA from any and all damages, injury, harm, liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise to me during my participation in any program offered and/or administered by BVRA.
2. I understand and acknowledge that this Release discharges, waives and releases BVRA from any liability and claims that I may have with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in any program offered and/or administered by BVRA.
3. I understand and acknowledge that BVRA does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance in any nature in the event of my injury, illness, death, or damage to me or my property. I expressly waive any such claim for compensation or liability on the part of BVRA.
4. I hereby release and forever discharge BVRA from any claim whatsoever which arises or may hereafter arise on account of my participation in any program offer and/or

administered by BVRA.

5. I hereby agree to hold BVRA harmless from any and all claims, damages, and other injury that are caused by or related to my assisting in the turnover process and hereby agree to indemnify BVRA or any one of them from any and all losses and damages including, but not limited to attorney's fees and court costs related to my participation in any program offered and/or administered by BVRA.

6. I understand and acknowledge that my participation in any program offered and/or administered by BVRA is an inherently dangerous activity that may be hazardous to me and there may be a risk of injury or harm from these activities and release BVRA from all liability for injury, illness, death, or property damage resulting from the grounds maintenance. I fully assume the risk of loss to me as the result of my participation in a program offered by BVRA.

7. I, fo myself and my heirs and estate, hereby release and forever discharge BVRA from any and all liability for injury, death, or losses suffered by me during or as a result of my participation in any program offered and/or administered by BVRA.

IN WITNESS WHEREOF, intending to be legally bound hereunder, I have caused this Waiver and Release From Liability to be executed under my seal on the date set opposite my name below.

WITNESS:

PARTICIPANT:

If the Participant is under 18 years of age: I hereby give permission for _____ to participate in the program listed above. I agree that the minor child shall be bound by all conditions set forth above.

Date: _____

Relationship to Minor: _____

CHILD RELEASE FORM

A child enrolled in a BVRA program (hereafter referred to as "program,") shall only be allowed to be picked up from that program by a child's legal parent/guardian, and the person(s) specifically designated in this Child Release Form ("Form.").

SECTION 1. CHILD AND PARENT/LEGAL GUARDIAN INFORMATION

Child Name(s): _____

Parent/Guardian Name(s): _____

Address: _____

Day Time Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____

Email Address(es): _____

SECTION 2. PERSON(S) ALLOWED TO PICK UP CHILD

A. Only the person(s) designated herein is allowed to pick up the child(ren) named above in Section 1 of this Form.

Person #1: _____ Relationship: _____

Day Time/Cell Phone Number: (_____) _____ - _____

Person #2: _____ Relationship: _____

Day Time/Cell Phone Number: (_____) _____ - _____

Person #3: _____ Relationship: _____

Day Time/Cell Phone Number: (_____) _____ - _____

Person #4: _____ Relationship: _____

Day Time/Cell Phone Number: (_____) _____ - _____

B. Additional name(s) of person(s) who can pick up the child(ren) is listed on the back of this Form.

C. Any person who is not designated above in this Section 2 or listed on the back of this Form shall not be allowed to pick up a child from a Program. NO EXCEPTIONS unless as expressly set forth in Section 3 below.

SECTION 3. EXCEPTIONS

1. The legal parent/guardian named in Section 1 above may authorize the BVRA Staff to release the child(ren) named in Section 1 to a person not designated in Section 2 above only if the following conditions are met:

- The legal parent/guardian provides WRITTEN notice to the BVRA Staff on the morning of the day upon which the child(ren) is to be picked up from a person not designated in Section 2 above;
- Aforementioned WRITTEN notice in Section 3(1) must state ALL of the following:
 - A. Date
 - B. Name of the person who will pick up the child(ren) from Program on that date
 - C. The relationship of the person [named in Section 3(1)(B)] to the child(ren)
 - D. The day time and/or cell phone number of the person named in Section 3(1)(B) above AND
 - E. Signature of the legal parent/guardian named in Section 1

2. The person named in Section 3(1)(B) MUST provide a valid Photo I.D, e.g. state issued photo identification card, state issued driver’s license, BEFORE the child(ren) shall be released from the Program.

3. The written notice described in this Section shall be effective only for the date of said notice.

4. Any further exceptions shall require additional written notice as described above in this Section.

SECTION 4. PRIVACY

BVRA does not share, sell, rent, or lease to any third parties any personal information collected in this Form.

I, the undersigned, _____ (print name), herein acknowledge that I am the legal parent/guardian of the child(ren) named above and declare that I have the capacity and authority to execute this Form. I also hereby authorize the person(s) listed above and/or listed on the back of this page to pick up said child(ren) from the Program in accordance with the terms expressed in this Form.

Parent/Guardian Signature: _____

Date: _____

PHOTO PERMISSION AND RELEASE

Through the course of Gymnastics Programs, we may take photographs for social media, printed media, and advertisement purposes.

I, the undersigned, _____ (print name),
herein declare that I am the legal parent/guardian of _____
(print child's name), and that I have the authority to execute this Photo Permission and Release Form ("Form,").

Please circle one.

I hereby DO / DO NOT permit my child to be photographed during their participation and enrollment in any BVRA Program and for said photographs to be used for the limited purposes of promoting Gymnastics Programs and Buffalo Valley Recreation Authority programming, including, but not limited to, use on BVRA's social media accounts, BVRA Facebook page, BVRA website, and BVRA print publications.

Legal Parent/Guardian Name: _____
(Print)

Child(rens) Name(s): _____
(Print)

Address: _____

Telephone: _____

Signature: _____

Date: _____

EMERGENCY CONTACT FORM

Child Information

Child's Name: _____ Birthdate: _____

Street Address: _____

Parent/Guardian Information (1)

Name: _____ Phone: (_____) _____ - _____

Address: _____

Email _____

Business Contact: _____ Phone: (_____) _____ - _____

Parent/Guardian Information (2)

Name: _____ Phone: (_____) _____ - _____

Address: _____

Email _____

Business Contact: _____ Phone: (_____) _____ - _____

Emergency Contact

1. Name & Relationship: _____

Phone: (_____) _____ - _____

2. Name & Relationship: _____

Phone: (_____) _____ - _____

Child's Medical Information

Physician Name: _____ Phone: (_____) _____ - _____

Address: _____

Special Needs of Child:

Allergies Including Medication:

Medical or Dietary Information Necessary in an Emergency:

Medications, Special Conditions:

Anything else you would like us to know:

Parent's Signature is required for each item below to indicate Parental Consent

I authorize BVRA Staff to administer first aid: _____

I authorize BVRA Staff to obtain emergency medical care for my
child: _____

Parent/Guardian

Date

Parent/Guardian

Date

COVID-19 DAILY SCREENING

1. **Signs or symptoms. If the participant has experienced two of the following the participant may not attend:**

- **Fever or chills**
- **Cough**
- **New shortness of breath or difficulty breathing**
- **Muscle or body aches (not exercise induced)**
- **Headache**
- **New loss of taste or smell**
- **Sore throat**
- **Congestion or runny nose**
- **Nausea or vomiting**
- **Diarrhea**

2. **Temperature**

- **If it is 100.4°F or above, the participant cannot attend.**

3. **Please wash your hands before coming to practice.**

BVRA continue to follow the CDC and DOH Guidelines that any person who has been exposed to or comes in contact with someone who suspects they could have COVID-19 to self-quarantine for a minimum of 14 days. This includes:

- **if any member of your immediate family is experiencing any symptoms**
- **if you were exposed to a coworker that is being tested or is experiencing symptoms.**
- **If you miss three consecutive days of a program you must have a doctor's excuse to return to a BVRA program.**
- **Please immediately contact the Gym Director, John Rowe, at 570-412-1412 or gymdirector@bvrec.org or BVRA Executive Director, Shirley Brough at 570-524-4774 or director@bvrec.org in case of a positive Covid19 contact.**