

# 2021 gOkid Gunnison Program



**Participant Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

IN CONSIDERATION FOR the opportunity to participate in the 2021 summer gOgirl/guy Program (the "Program"); I, for myself and on behalf of my child, next of kin, legal and personal representatives, executors, administrators, successors and assigns, hereby agree to the following terms pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the "Agreement");

\_\_\_\_\_ I hereby represent that my child is in excellent health with no mental, physical or medical conditions which would impair, prevent or prohibit him/her from safely participating in the Program; and (iii) I will not be under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to pick up and/or drop off my child to/from the Program. I agree that it is my sole responsibility to determine whether my child is in proper physical condition to participate in the Program.

\_\_\_\_\_ I agree that it is my responsibility to be familiar with the Program courses and locations, and to abide by the Rules and Regulations established for the Program (some of which may be expressed verbally to me immediately prior to the Program). I hereby agree to participate in accordance with applicable law. I shall promptly and faithfully comply with all reasonable instructions, directions, requests, rules and regulations of the Program Organizers. I hereby accept responsibility for my own conduct and actions while participating in the Program.

\_\_\_\_\_ I understand and acknowledge the risks and dangers associated with my child participating in the Program and related activities, including without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and loss of life; loss of or damage to equipment/property; exposure to extreme conditions and circumstances; contact with other participants, Program volunteers, spectators, animals or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect road conditions; land, snow, water and surface hazards; equipment failure; inadequate safety measures; situations beyond the immediate control of the Program Organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others serving or participating in the Program, or the negligent acts or omissions of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my child's participation in the Program.

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433 Sixth Street, Crested Butte CO 81224 | 970.349.5103  
104 W Ruby Ave, Gunnison CO 81230 | 970.641.8899

## 2021 gOkid Gunnison Program



\_\_\_\_\_ I authorize gO Initiative, gO Orthopedics and other listed entities to use photos, videos, social and/or other media of my child for whom is listed here for promotional materials for the gOkid Program or the gO Initiative.

\_\_\_\_\_ To the fullest extent permitted by law, I hereby Release, Waive and Covenant not to sue, and further agree to Indemnify, defend and hold Harmless the following parties: Griggs Orthopedics, gO Orthopedics, BC Ortho, 422 LLC, the gO Professional Mountain Biking Team, Stan's NoTubes Women's Elite Team, King Technical Apparel, Forest Service, BLM, all sponsors associated with gO, Coaches, Promoters and Organizers, any Property Owners, Law Enforcement Agencies or Public Entities providing support for the Program; and each of their respective parent, subsidiary and affiliated entities, officers, directors, partners, shareholders, members, agents, employees, volunteers, successors and assigns (collectively, the "Released Parties" or "Program Organizers"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and attorney's fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the Program, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties. I further agree that if, despite this Agreement, I, or anyone on the my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.

**I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement.** This Agreement represents the complete understanding between me and the Program Organizers regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any portion of this Agreement is held to be unenforceable, invalid or overly broad, I agree that the remaining terms and provisions of this Agreement will continue in full legal force and effect.

X \_\_\_\_\_  
(Parent/Guardian if minor)

Date \_\_\_\_\_

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**\*\* PLEASE FILL OUT AS COMPLETE AS POSSIBLE \*\***

Name of Participant \_\_\_\_\_ **gOguy** -or- **gOgirl** (circle one)

DOB \_\_\_\_\_ Parent Email \_\_\_\_\_

## **Emergency Contacts**

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

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

Other Emergency Contact \_\_\_\_\_

Allergies (food/medical/other): \_\_\_\_\_

\_\_\_\_\_

Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Other Important Info we should know about your gOkid:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Authorization for Emergency Medical Care

I hereby give my permission to gOkid officials to contact a doctor or emergency medical services on behalf of my child and for a doctor, hospital or medical service to provide emergency medical or surgical care for my child.

Should an emergency arise, it is understood that gOkid camp officials will make a conscientious effort to locate the emergency contacts listed above before any action is taken. If it is not possible to locate the contacts, I will accept the expense of emergency medical or surgical treatment.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/Guardian

## Transportation Permission

I hereby give permission for my child to ride in gO Initiative vehicles and busses operated by insurance and licensed coaches/staff. I understand that gO Initiative staff will make a good faith effort to ensure that my child is properly belted throughout the trip. I also understand that gOkid bikes will be transported and as such may incur damage or loss; I release the gO Initiative and gOkid coaches from any liability caused by accidental damage.

I am aware that misbehavior while in vehicles will not be tolerated and is grounds for dismissal from gOkid program without refund.

Initialed \_\_\_\_\_ on this date \_\_\_\_\_ gOkid Name \_\_\_\_\_

## Sunscreen Permission

I will apply sunscreen to my child and include a labeled bottle for reapplication. If, for some reason, this sunscreen is unavailable I give permission to apply sunscreen provided by the gO Initiative.

Initialed \_\_\_\_\_ on this date \_\_\_\_\_ gOkid Name \_\_\_\_\_

\_\_\_\_\_