



www.rebounders.com

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Timonium, Maryland 21093  
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**CAMP TRANSPORTATION AND MEDICAL RELEASE WAIVER**

**PRINTED FULL NAME OF CAMPER** \_\_\_\_\_

**TRANSPORTATION WAIVER AND RELEASE:**

In the event that transportation is provided to an activity by Rebounders Gymnastics, Inc., I hereby give permission for my child to travel to and from those activities in the vehicle provided and agree not to hold Rebounders Gymnastics, Inc., its directors, officers, agents or employees liable for any accident or injury suffered or contracted in connection with such travel.

**MEDICAL ATTENTION:**

I hereby give my consent for Rebounders Gymnastics, Inc. to provide, through a medical staff of its choice, customary medical attentions, transportation, and emergency medical services as warranted in the course of my participation in Rebounders Gymnastics, Inc. activities. I further authorize the above designated to execute that consent required in connection with such advice or treatment. I hereby release said persons from and agree to indemnify them against any liability arising out of the exercise of the authority here granted.

I understand that the consent and authorization herein granted does not include major surgical procedures, unless necessary to save the individual's life. This consent is valid for one year from the date indicated below. A Xerox. Photocopy, or carbon copy of this authorization shall be considered as effective and valid as the original. I understand that I will be contacted as soon as possible in the event that my child is brought to the hospital for treatment. If I am not available, please contact:

Emergency contact: \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Phone # \_\_\_\_\_

I also consent to the release of a report containing diagnosis and other medical information related to the examination and treatment of the above patient to such agencies, including insurance companies, as might be considered with payment of charges for hospital services.

\_\_\_\_\_  
Insurance Carrier Policy Number

\_\_\_\_\_  
Name of person holding the policy

\_\_\_\_\_  
Signature of Parent/Guardian Printed Name of Parent/Guardian Relationship Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone # Work Phone # Cell Phone #

\_\_\_\_\_  
Non Family Witness Signature Phone # Date