

Assumption of risk, waiver of liability, and medical authorization

As legal Guardian of the child registered on this form, I hereby consent for him/her to participate in the activities and/or gymnastics classes conducted by Gymnastics Etc. I understand that participation in the programs at Gymnastics Etc. involves motion, rotations, and height in a unique environment and as such, carries with it a reasonable assumption of risk. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion. I hereby forever release Gymnastics Etc. officers, directors and employees from all liability for any and all damages and injuries resulting from activities and/or gymnastics classes. I also give my consent for Gymnastics Etc. to provide medical services as warranted in the course of my child's participation. This acknowledgment of risk, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent/Legal Guardian Signature _____ Date _____
Child's Name _____ M/F Date of birth _____
Print Parent/Legal Name _____
Address _____ City _____ Zip _____
Medical conditions we should be aware of? _____
Emergency contact (Parent name) _____ # _____
Alt emergency (name) _____ # _____
Email Address _____

Assumption of risk, waiver of liability, and medical authorization

As legal Guardian of the child registered on this form, I hereby consent for him/her to participate in the activities and/or gymnastics classes conducted by Gymnastics Etc. I understand that participation in the programs at Gymnastics Etc. involves motion, rotations, and height in a unique environment and as such, carries with it a reasonable assumption of risk. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion. I hereby forever release Gymnastics Etc. officers, directors and employees from all liability for any and all damages and injuries resulting from activities and/or gymnastics classes. I also give my consent for Gymnastics Etc. to provide medical services as warranted in the course of my child's participation. This acknowledgment of risk, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent/Legal Guardian Signature _____ Date _____
Child's Name _____ M/F Date of birth _____
Print Parent/Legal Name _____
Address _____ City _____ Zip _____
Medical conditions we should be aware of? _____
Emergency contact (Parent name) _____ # _____
Alt emergency (name) _____ # _____
Email Address _____