

Gymnastics City Party Consent/Release Form

Child's Name _____

Date _____

Medical Conditions (please explain) _____

I fully understand the Gymnastics City staff members are not physicians or medical practitioners of any kind. With this in mind, I hereby release Gymnastics City staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the Gymnastics City staff to call our doctor and to seek medical help, including transportation by a Gymnastics City staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Gymnastics City staff deem this to be necessary.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the programs offered by Gymnastics City. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Gymnastics City and/or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and tumbling and about possible injury. The parent should warn the child according to what the parent feels is appropriate. Gymnastics City staff will only warn the child through safety messages and Gymnastics City teaching style and progressions.

In addition, I authorize Gymnastics City staff to photograph or film my child during regular Gymnastics City Party activities and give permission for those pictures or videos to be used by Gymnastics City.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____ Relationship _____

Contact Gymnastics City at 341-6699 with any questions.

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