Emergency Information – Participation Agreement Liability Release

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents or Legal Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Pager/Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON OTHER THAN PARENT TO BE NOTIFIED IN CASE OF AN EMERGENCY

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby represent that the student is in good health, that there are no special problems associated with the care of the student, and that I have adequately informed Premier Complex personnel of any special instructions regarding the student that could influence the type, duration or intensity of training the student will receive. I certify that I have adequate insurance to cover any injury or damage the student may suffer while participating, or else, I agree to bear the cost of such injury or damage myself. I authorize Premier Complex personnel to call for medical attention if needed by the student. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the student, in their professional opinion. I agree to pay all costs associated with such medical care and transportation.

It is understood that gymnastics and tumbling activities are high-risk and could result in injury. I acknowledge that my child’s participation in gymnastics and tumbling activities entails known and unanticipated risks, which could result in physical injury, paralysis, death or damage to my child, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. A gymnast and/or tumbler, in attending the gym and using the facilities, does so at his or her own risk. Premier Complex, its agents or employees shall not be liable for any damage arising from personal injuries, property damage or death sustained by the gymnast or tumbler in participating in the Premier Complex events. The gymnast or tumbler assumes full responsibility for all injuries and damages which may occur and he or she does hereby fully and forever release and discharge without cause Premier Complex, its agents, employees and contractors from any and all claims, demands, damages and rights of actions, present or future resulting from or arising out of the gymnast’s or tumbler’s participation or use of the gym.

Parent or Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_