

# SCGC Gym Camp – \_\_\_\_\_

Printed Name of Gym Camp Participant(s) \_\_\_\_\_

Address of Participant(s) \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

In CONSIDERATION of participation in a Gym Camp at Santa Cruz Gymnastics Center, Inc. (hereinafter referred to as the SCGCI), the participant named below agrees to the following.

1. Participant should inspect the facilities and equipment to be used and if he or she believes anything is unsafe shall immediately advise the instructor of such condition and refuse to participate.
2. Participant is instructed to and shall carefully review and follow all SCGCI Safety Guidelines.
3. Participant fully understands that:
  - a. There are risks and dangers associated with participation in gymnastic events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis, and death;
  - b. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe;
  - c. These risks and dangers may be caused by the negligence of the participant or the negligence of others; and
  - d. There may be other risks not known to us or not reasonably foreseeable at this time.
4. Participant accepts and assumes such risks and responsibility for the losses and/or damages following such injury, disability, paralysis, or death, however, caused or alleged to be caused in whole or in part by the negligence of SCGCI, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents, and employees.
5. I agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by SCGCI.

I HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY.

\_\_\_\_\_ for \_\_\_\_\_  
Parent/Guardian (Signature/Relationship) Name of Participant Date

\_\_\_\_\_ for \_\_\_\_\_  
Parent/Guardian (Signature/Relationship) Name of Participant Date

\_\_\_\_\_ for \_\_\_\_\_  
Parent/Guardian (Signature/Relationship) Name of Participant Date

## AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR

I/We the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby authorize any adult instructor of Santa Cruz Gymnastics Center as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his or her best judgement may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect indefinitely, unless sooner revoked in writing and delivered to said agents.

Does your child have any medical problem or limitations of which or staff should be aware? \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_