

CLASSIC GYMNASTICS, LLC.

ASSUMPTION OF RISK, WAIVER OF LIABILITY

As parent/legal guardian of)(^{1st child})_____,(2nd child)_____ and myself, I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including Gymnastics. I also realize that my child(ren) will be performing and training on all Gymnastics events plus various other training devices including trampoline. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in these activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child(ren)/myself to use these facilities, I hereby covenant not to sue and forever release **Classic Gymnastics, LLC.**, its employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child(ren)/myself while under the instruction, supervision, or control of **Classic Gymnastics, LLC.**

Parent/Legal Guardian

Signature: _____ **Date:** _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE

I confirm that my child(ren) is/are in good health I have medical insurance on my child(ren) and will provide coverage while he/she is enrolled. In the event of a medical emergency, if I am not available, I authorize anyone employed by **Classic Gymnastics, LLC.** to seek medical attention for my child(ren), (^{1st child})_____,(^{2nd child})_____, and to execute consent orders to authorize emergency medical treatment for any medical procedures which may be required.

Medical Insurance Co. _____ Policy #: _____
(I do not have medical insurance and take the responsibility of medical expenses on my own _____)(Initial)

Doctor's Name: _____ Phone #: _____

My child _____ has the following physical/medical condition which may impair his/her ability to participate in gymnastics activities _____ (if none, state "none")

I have received advice from a licensed physician that this condition does not present a significantly greater risk of injury to my child from participation in gymnastics.

Allergies: _____

I have completely read and fully understand the above Assumption of Risk, Waiver of Liability and Permission for Emergency Medical Treatment/Medical Insurance, and sign it voluntarily and in full agreement with its content and intent.

Parent/Legal Guardian

Signature: _____ **Date:** _____