



# Gymnastics Beat Field Trip Waiver

*In consideration of being allowed to enter the gym area to participate in a field trip at Gymnastics Beat, the undersigned, on his or her behalf, and on the behalf of the participating child(ren) identified below, acknowledges, appreciates, and agrees to the following conditions:*

I represent that I am the parent or legal guardian of the child(ren) named below, or I have obtained permission from the parent/legal guardian of the child(ren) named below to execute this agreement on their behalf. I agree that the child(ren) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditional for participation in the field trip. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Gymnastics Beat employee or manager immediately.

I understand that participation in Gymnastics Beat field trips involves motion, rotation, and height in an injury environment and as such, carries with it a reasonable assumption of risk, paralysis, and even death, which can result from improper conduct of the activity. I understand that reasonable care, safety, and prudence will be used in the instruction of my child. I waive and release all rights and claims for damages that may occur in connection with the field trip. I confirm that my child(ren) listed below is/are in good health.

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

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

Parent/Guardian Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact # \_\_\_\_\_ Email: \_\_\_\_\_



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