



**Classic Gymnastics
Open Gym Waiver
2885 Water Tower Place
(952) 368-1909**

_____	_____	_____	_____
Child's Last Name	Child's First Name	Birth Date	Age
_____	_____	_____	_____
Parents' Last Name	Parents' First Name	Phone	
_____	_____	_____	_____
Address	City/ State	Zip	

Acknowledgment of Risk / Waiver of Liability

I understand that my child will be participating in Open Gym at Classic Gymnastics. My child has no physical conditions that would limit his/her participation in gymnastics activities. I hereby give permission for my child to participate in activities at Classic Gymnastics, Inc., and to work on all of the necessary equipment. I am assuming all risks and hazards incidental to the conduct of these activities. In case of emergency, the Classic Gymnastics, Inc. staff has my permission to use their judgment with regard to treatment until I can be contacted. Moreover, I hereby authorize any qualified physician contacted to proceed with treatment. *Warning ... catastrophic injury, paralysis can result from improper conduct of this activity. **NO dresses, tights. Girls should wear leotards or soft shorts/T-shirts. Boys should wear soft shorts/T-shirts.***

Signature of

Parent/Guardian

Date



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