



The Gymnastics Academy

SUMMER 2017 Participation Waiver

FOR OFFICE USE ONLY

AUTO PYMT: _____ Staff Initial: _____

Please check the corresponding week(s):

- Week 1 (6/12-6/16)
 Week 2 (6/19-6/23)
 Week 3 (6/26-6/30)
 Week 4 (7/3-7/7)
 Week 5 (7/10-7/14)
- Week 6 (7/17-7/21)
 Week 7 (7/24-7/28)
 Week 8 (7/31-8/4)
 Week 9 (8/7-8/11)
 Week 10 (8/14-8/18)

1. Participant's Name:	Birthdate:	Sex:
2. Participant's Name:	Birthdate:	Sex:
3. Participant's Name:	Birthdate:	Sex:

Mother/ Guardian's Name: _____ Cell Phone: _____

Father/ Guardian's Name: _____ Cell Phone: _____

Participant's Home Phone: _____ Work Phone: _____

Participant's Address: _____ City: _____ State: _____ Zip: _____

Email/s: _____

Please list an emergency contact person other than the parents listed above:

Contact Name: _____ Phone: _____

Relationship to Participant: _____

Individuals authorized for pick up from The Gymnastics Academy at dismissal time:

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

Please note:

If the person picking up your child/ren is not in this list, the child/ren will NOT be dismissed. In addition, please inform the individuals listed above to provide identification at time of pick up, this is for safety purposes, no exception!

WAIVER AND RELEASE OF LIABILITY

I CONFIRM THAT _____ (PARTICIPANT'S NAME)
_____ (PARTICIPANT'S NAME)
_____ (PARTICIPANT'S NAME)

IS/ARE IN GOOD HEALTH AND IS/ARE FULLY ABLE TO PARTICIPATE IN THE ABOVE MENTIONED EVENT HELD AT OR BY THE GYMNASTICS ACADEMY Co.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE GYMNASTICS ACADEMY, CO. USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE GYMNASTICS ACADEMY, CO. IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE GYMNASTICS ACADEMY, CO. HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

1. IN THE EVENT OF AN EMERGENCY, I GIVE PERMISSION TO THE GYMNASTICS ACADEMY TO MAKE THE DECISION TO OBTAIN MEDICAL CARE SHOULD I BE UNREACHABLE AT THE NUMBERS LISTED IN THIS FORM. PLEASE BE AWARE AND UNDERSTAND THAT IF YOU CANNOT BE REACHED IN CASE OF AN EMERGENCY, 911 AND FIRE RESCUE WILL BE CALLED FOR MEDICAL ATTENTION AND IF THEY DEEM NECESSARY TO TRANSPORT THE PARTICIPANT/S TO THE HOSPITAL, THE PARENTS WILL BE SOLELY RESPONSIBLE FOR THE CHARGES FROM THESE SERVICES, NOT THE GYMNASTICS ACADEMY, Co.
2. I FURTHER AGREE TO HOLD HARMLESS THE GYMNASTICS ACADEMY Co, IT'S OWNERS, TEACHERS, COACHES, ANY STAFF, AFFILIATES, AND FACILITY FOR ANY AND ALL INJURIES RESULTING IN EXPENSES ARISING OUT OF PARTICIPATION IN ANY EVENT.
3. I UNDERSTAND THAT THE GYMNASTICS ACADEMY RETAINS ALL RIGHTS TO THE USE OF ANY PHOTOS, VIDEO OR AUDIO RECORDINGS TAKEN WHILE AT THE GYMNASTICS ACADEMY FOR USE IN ANY PUBLICITY, ADVERTISING AND/OR ANY LEGITIMATE BUSINESS PURPOSE AT NO ADDITIONAL COST OR COMMISSION.
I ALSO UNDERSTAND THAT ADULTS THAT ARE NOT ENROLLED IN ANY PROGRAM AT THE GYMNASTICS ACADEMY MAY NOT BE INSIDE THE GYM AREA DUE TO OUR POLICY.

Mother/ Guardian's Name

Signature (or Participant's signature if over 18)

Date

Father/ Guardian's Name

Signature (or Participant's signature if over 18)

Date

The Gymnastics Academy

Please check location

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_____ 15660 SW 72nd Street, Miami, FL 33193

Phone: 305-386-8500

_____ 13954 SW 8th Street, Miami, FL 33184

Phone: 786-577-0653