## D.E.E.N.O.S. Open Gym Participation Waiver

(Please Print) Parent's Name	Child's Name	D.O.B.	School	
Street	City	Home Phone	Cell Phone	
Please notify me of open gym dat	tes and discounts via	E-Mail	@	
Being the legal parent/guardian of the alinjuries sustained while participating can play time in D.E.E.N.O.S. With that und the date signed and in the future. In the over volunteers. In doing so, I waive the right appoint D.E.E.N.O.S. as my Agent for the for all medical expenses incurred in con child, I agree to reimburse D.E.E.N.O.S picture/audio/video for advertising and/or I have read and fully understand the	n be serious and even dea lerstanding, I give my per event of an injury, I agree t to bring legal action aga he purpose of obtaining n nection therewith. In the . in full immediately. I give or research.	dly. I know that Open Gym is mission for the above named of to hold harmless D.E.E.N.O.S inst D.E.E.N.O.S. and/or their nedical treatment in the event of event that D.E.E.N.O.S. incurs	a supervised, but not instructed, free child to participate in Open Gym on 5. and all of their employees and employees and volunteers. I hereby of an injury. I agree to be responsible expenses for medical treatment of my	
Legal Parent/Guardian			Date	
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Being the legal parent/guardian of the above named child, I understand that gymnastics is a potentially dangerous sport and that injuries sustained while participating can be serious and even deadly. I know that Open Gym is a supervised, but not instructed, free play time in D.E.E.N.O.S. With that understanding, I give my permission for the above named child to participate in Open Gym on the date signed and in the future. In the event of an injury, I agree to hold harmless D.E.E.N.O.S. and all of their employees and volunteers. In doing so, I waive the right to bring legal action against D.E.E.N.O.S. and/or their employees and volunteers. I hereby appoint D.E.E.N.O.S. as my Agent for the purpose of obtaining medical treatment in the event of an injury. I agree to be responsible for all medical expenses incurred in connection therewith. In the event that D.E.E.N.O.S. incurs expenses for medical treatment of my child, I agree to reimburse D.E.E.N.O.S. in full immediately. I give permission for D.E.E.N.O.S. to use my child's picture/audio/video for advertising and/or research.

I have read and fully understand the above.

Legal Parent/Guardian