



**HOUSE OF STORM**  
Open Gym Medical Waiver/Release Form

**Basic Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: H - \_\_\_\_\_ C - \_\_\_\_\_ W - \_\_\_\_\_

Email: \_\_\_\_\_

Does the attending athlete reside at your address? (circle one)      Yes      No

**Insurance Information**

Name of Insured: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

\_\_\_\_\_ **Uninsured (Parent/Legal Guardian(s) assume ALL financial and medical responsibility for athlete(s) in the case of injury)**

I certify that \_\_\_\_\_ is physically capable and able to fulfill requirements needed to participate in the open gym time as offered by House of Storm, LLC. I further understand this form legally releases all obligations and responsibilities for the medical treatment of my son/daughter in the event of illness or injury during any activity that they participate in during their time at open gym when either parent cannot be reached. If there is any physical or medical reason why he/she should not participate fully, the House of Storm Organization, its coaches, agents, and staff will require a physician's release in order for the athlete to participate in open gym. Furthermore, House of Storm, its coaches, and agents are NOT liable for any injury incurred during participation in open gym or any other event related to House of Storm organization.

The undersigned as parent/guardian gives consent for the participant to engage in the physical activity that will be conducted during open gym at House of Storm. The undersigned also understands that while it is mandated that conduct during open gym be done in a safe and mature manner, at times athletes choose to participate in inappropriate conduct. Staff present will make every effort to correct any and all unsafe situations they are a witness to.

**Statement of Hazards in participating in Athletics/Cheer/Tumbling: Both athlete and parent/legal guardian must read carefully!!**

We are aware that practicing, helping with or participating in any manner in any athletic activity or sport can be a dangerous activity involving many risks of injury. We the staff of House of Storm recognize our obligation to make our clients aware of the risks and hazards associated with the activities associated with participating in open gym (stunting, tumbling, etc.). Participants may suffer injuries, possibly minor, serious, or catastrophic in nature. These activities can be dangerous in nature and can lead to injury.

Because of the dangers of participating in any athletic activity or sport, I (the athlete) recognize the importance of following supervisors' instructions regarding techniques, participation, training and gym rules, etc., and I agree to obey such instructions, mindful of safe practices and the desirability of avoiding injury.

We (athlete and parent/legal guardian) state that we have read the above statements and understand the implication of it and will abide by it. We (athlete and parent/legal guardian) also understand and agree to respect the rules as laid out to the athlete during the commencement of open gyms on the property of House of Storm. Failure to do so will result in the athlete no longer being allowed to participate in activities on in the gym of House of Storm.

Athlete: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Medical Treatment Release Form**

I fully understand that House of Storm and staff are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the staff of House of Storm to render temporary first aid to my athlete(s) in the event of an emergency or non-emergency situation requiring medical treatment and if deemed necessary by the staff of House of Storm to call a doctor and seek medical help including transportation to any health care facility or hospital, or calling an ambulance for my athlete should the staff deem it necessary.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_