

Release/Waiver

_____ has my permission to participate in a gymnastics class/party/open gym at the New Prague Gymnastics Club. I am aware that there are risks involved and that serious injury, and even death may result with improper conduct of this activity. I have instructed my child to follow directions.

I give permission to New Prague Gymnastics Club and/or an appropriate medical facility to make whatever emergency (first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of New Prague Gymnastics Club. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems necessary. The child will be transported at parent's expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or adult acting on child's behalf.

I fully disclaim, waive, and discharge New Prague Gymnastics Club, their instructors, and directors from all claims with regard to any personal injury of my child's incurred during my child's class/open gym/party.

My child is in good physical health, and there are no medical conditions which would limit his/her participation in class/open gym/party.

Date _____ Signature _____ (parent or guardian)

Allergies _____

Medications _____

Special Notes _____

Insurance Company _____ Policy _____

Phone Number in case of emergency _____

Address _____

State _____ Zip _____
