



TOPGUN Gym Waiver & Release of Liability

This form may be used in lieu of completing online waivers at TOPGUNgym.com for birthday party attendance only. Parents who complete this form instead of completing online waivers will have a parent account created for them.

Minor's Full Name

Date of Birth

Gender

Age

Assumption of Risk

As the parent or legal guardian of the listed gymnast(s), I understand there are certain risks of bodily injury including death inherent in the practice and play of gymnastics, tumbling, and trampoline, as well as, in traveling and other related activities to my child's participation, and I am willing to assume full responsibility for these risks on behalf of my child. I hereby give my full consent and approval for my child to participate in gymnastics, tumbling, and trampoline at TOPGUN Gymnastics and/or TOPGUN Tumbling.

Release of Liability

DISCLAIMER: TOPGUN GYMNASTICS AND/OR TOPGUN TUMBLING, IS NOT RESPONSIBLE FOR ANY INJURY OR LOSS OF PROPERTY TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, SPECIAL EVENTS, DEMONSTRATIONS OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, TUMBLING, OR TEAMS AT TOPGUN GYMNASTICS AND/OR TOPGUN TUMBLING FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF TOPGUN GYMNASTICS AND/OR TOPGUN TUMBLING, ITS OWNERS, OFFICERS, AGENTS, OR EMPLOYEES.

I hereby waive, release, hold harmless and covenant not to sue TOPGUN Gymnastics and/or TOPGUN Tumbling, the owners, and their employees and coaches from any claims resulting from ordinary negligence of TOPGUN Gymnastics and/or TOPGUN Tumbling or others listed for property damage, personal injury or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, tumbling or any other activities or any activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs or assigns.

I hereby agree to reimburse TOPGUN Gymnastics and/or TOPGUN Tumbling and their insurance company(s) for any money, which they pay to the participant, if the participant makes a claim against TOPGUN Gymnastics and/or TOPGUN Tumbling despite this agreement.

Permission to Administer Emergency Treatment

In my absence, and as parent or legal guardian of aforementioned minor(s), I hereby grant my permission, in the event of injury or sickness, to have the necessary emergency medical treatment administered to my child by a trained medical professional. In addition, in my absence, I also grant my permission to have my child transported to a hospital, doctor's office, or emergency clinic in the event of such injury or sickness at Banner Community Hospital in Fallon, Nevada.

Parent Name: _____ Parent Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

Home Address: _____

Secondary Contact: _____ Relationship: _____ Phone Number: _____

Insurance Carrier: _____