

**Texas Best Gymnastics gym waiver:**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

RELEASE: I recognize the potential for injuries which can occur in gymnastics and activities involving movement, use of trampoline, and exercise. I understand that paralysis or even death can result from improper conduct of the activity.

I \_\_\_\_\_, legal guardian of the above person(s) participating in activities on equipment owned and/or used by the TEXAS BEST GYMNASTICS center, and hereby agree that I, for myself, my child(ren), adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damages, that I may have at any time against TEXAS BEST GYMNASTICS or it's agents and representatives for any injury and damages in connection with my association with or entry in gymnastics or other activities sponsored by TEXAS BEST GYMNASTICS.

As legal guardian of the above participant(s), I hereby agree to individually provide for the possible future medical expenses, which may result from injury sustained while at TEXAS BEST GYMNASTICS. I confirm that the above named student(s) is in good physical health and has had a physical exam within the past year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PERMISSION TO TREAT: In my absence, I hereby give my permission to trained medical professional to administer emergency medical treatment to my child(ren), should sickness or injury occur.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Phone Number \_\_\_\_\_

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