Team Central Gymnastics Academy General Release Waiver

Participants Name:	Age:	DOB		
Print Parent / Guardian Name:	Activity Attendi	ng:		
Address: City:		State:	Zip:	
Contact #1 () Contact #2 ()	Emergency P	hone: ()		
E-mail: Medical or Phy	sical Concerns:			
How did you hear about us? ☐ Friend/Family ☐ Coupon ☐ Social Media ☐ On	nline Search 🖂	Our Website Oth	ner	
I understand that in activities including but not limited to gymnastics, ninja, cheerleading, or tumblin injury may be anything from a bruise, a broken bone, or a permanent disability (possibly paralysis) o mats, equipment and progressive skills assure reasonable safety. It does not assure that the participation of the control of the	r even death. We ta	ike special steps to assi		
I hereby consent to have participate in programs offered my child(ren) adopted or otherwise, my executors, waive and release all rights and claims for dam Centers, Inc. or Team Central Gymnastic Academy, including all of its directors, officers and employed with activities including but not limited to gymnastics, ninja, cheerleading, or tumbling. The risks involved	nages that I may have byees whether paid	ve at any time against or volunteer for any inju	Olympia Gymnastics Training ury or damages in connection	
Signature:		Date:		
PERMISSION FOR MEDICAL TREATMENT: I confirm that the above named person is in good he and medical or surgical diagnosis, which are deemed necessary. Initial		orize simple first aid and	d consent to any x-ray, exam,	
MULTIMEDIA RELEASE : I understand Olympia Gymnastics Training Centers takes pictures and successes and for general marketing purposes. These materials may be used on social media (Fawebsite, as well as printed materials such as flyers and brochures. I understand that Olympia will nany photos or videos. I give Olympia expressed written permission to use photos taken.	cebook, Twitter, Inst ot use my child's ful	tagram, etc.), the Olymp I name in association w	pia ENTRAL Gymnastic Academy ith	
General Activities Waiver_Revision#1 1	1/8/17			
Team Central Gymnastics Ac General Release Waive	•			
Participants Name:		DOB		
Print Parent / Guardian Name:	Activity Attending:			
Address: City:		State:	Zip:	
Contact #1 () Contact #2 ()	Emergency P	hone: ()		
E-mail: Medical or Phy	Medical or Physical Concerns:			
How did you hear about us? ☐ Friend/Family ☐ Coupon ☐ Social Media ☐ On	nline Search 🗀 (Our Website Oth	ner	
I understand that in activities including but not limited to gymnastics, ninja, cheerleading, or tumblin injury may be anything from a bruise, a broken bone, or a permanent disability (possibly paralysis) o mats, equipment and progressive skills assure reasonable safety. It does not assure that the particip	r even death. We ta	ike special steps to assi		
I hereby consent to have participate in programs offered my child(ren) adopted or otherwise, my executors, waive and release all rights and claims for dam Centers, Inc. or Team Central Gymnastic Academy, including all of its directors, officers and employed with activities including but not limited to gymnastics, ninja, cheerleading, or tumbling. The risks involved to the content of the	nages that I may have byees whether paid	ve at any time against (or volunteer for any inju	Olympia Gymnastics Training ury or damages in connection	
Signature:		Date:		
PERMISSION FOR MEDICAL TREATMENT: I confirm that the above named person is in good he and medical or surgical diagnosis, which are deemed necessary. Initial	ealth. I hereby autho		d consent to any x-ray, exam,	
MULTIMEDIA RELEASE : I understand Olympia Gymnastics Training Centers takes pictures and successes and for general marketing purposes. These materials may be used on social media (Fawebsite, as well as printed materials such as flyers and brochures. I understand that Olympia will any photos or videos. I give Olympia expressed written permission to use photos taken.	acebook, Twitter, In: not use my child's fu	stagram, etc.), the Olyn	npia CENTRAL With	