

## Fuzion Gymnastics and Youth Fitness Center Consent of Participation

Participants Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M: \_\_\_ F: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact ( Not Parent ): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone/Cell Phone: \_\_\_\_\_

Authorization: I hereby waive any and all claims for personal injury, illness, and/or property damage that I may have against Fuzion Gymnastics, and it's directors, agents, employees, contractors, representatives, and any volunteers in anyway associated with Fuzion Gymnastics. I understand that participation in gymnastics, cheer, tumbling, trampoline, acro, and all other activities involved in motion, rotation, and height in a unique environment and as such carries with it the risk of injury. I have medical insurance for my child(ren). I assume all risks associated with the possible exposure to COVID-19 as well as all other infectious illnesses. I give permission for my child to participate in sport activities(ex.gymnastics, cheer, dance, tumbling martial arts and like sports). I realize that there is a risk of injury involved in sports participation. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment and to order anesthesia, or surgery for my child as named above. I understand I am responsible for the medical care fees if my child should be injured at Fuzion Gymnastics, or during any Fuzion Gymnastics activity. I have read and understand the above and have completed information to the best of my ability.

X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian or Applicant (if over 18yrs)

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