

## Student Liability Waiver and Release Form

Participant Name(s): \_\_\_\_\_

Home #: \_\_\_\_\_

\_\_\_\_\_

Cell #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Event Name: \_\_\_\_\_

### Please read and sign below:

I fully understand that Gymfinity staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release the Gymfinity staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Gymfinity staff to call and seek medical help, including transportation by a Gymfinity staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Gymfinity staff deem this to be necessary.

We, the staff of Gymfinity recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics can be dangerous and can lead to injury, paralysis and even death! Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instruction.

Gymfinity, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics instruction, or open workouts, or in the course of any exhibition in which he or she may participate.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Gymfinity. I, my executors, and other representatives, waive and release all rights and claims for damages that my child or I may have against Gymfinity and or its representatives whether paid or volunteer.

I understand that Gymfinity LLC is a gymnastics club with an annual registration of \$30 per gymnast. We are a USA Gymnastics certified gym. The \$30 covers the cost of a yearly \$150,000 insurance policy required for every participant in our program.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parent's responsibility to warn the child about the dangers of the above mentioned activities and injury that could occur. The parent should warn the child according to what the parent feels is appropriate.

**PHOTOGRAPHY:** Occasionally pictures in the facility are taken for promotional purposes. By initialing in the space provided, I give my permission to allow Gymfinity to use pictures that may be taken of my child(ren) in any flier, brochure or publication.

Initials: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Name of Health Insurance \_\_\_\_\_