Emerald City Gymnastics, Inc.
Child Waiver and Release Form
913.438.4444

PARTICIPATION IN ALL PROGRAMS AT EMERALD CITY GYMNASTICS

Child Information Date: _____

Child's Name: _____Age:_____Birthdate:_____

Parent or Legal Guardian's Name _____ Phone Number: _____

Address: _____

Emergency Contact & Phone: _____/_____

Physician's Name & Phone: _____/_____

Any intolerance to drugs or medication? _____ Any medication that is taken regularly? _____

Please list any current or previous health problems/conditions that may affect the child's physical activity:

_____

Waiver & Release

- I/We understand that participation in any instructional and/or recreational activities at Emerald City Gymnastics, Inc. (hereinafter referred to as "ECG"), including but not limited to: gymnastics, dance, ballet, cheerleading, trampolining, tumbling, Bump City, Monster Mountain (rockclimbing), Ropes Course and any other related programs at ECG (the "Programs") is voluntary, and that all Programs and the use of the related facilities and equipment therein carries some physical risk.
- I/We understand that if I/we or my/our minor child is injured or our property is damaged while participating in the Programs, that the injury or loss will not be covered or reimbursable by ECG.
- I/We agree to assume the risk of any and all illness or injury (minor, serious or catastrophic in nature, including claims and suits at law or in equity for any injury, fatal or otherwise) or damage (to person or property) resulting from my/our minor child's participation in all Programs, including the use of the facilities and/or equipment associated with the Program ("Damages").
- I/We hereby waive all claims, on behalf of myself/ourselves and claims by my/our minor child (including claims which may be brought after attaining majority), now or in the future, for any such Damages and do hereby release and discharge ECG and its respective officers, directors, instructors, agents, employees and assigns from any and all liability for any such Damages.
- I/We fully understand that ECG instructors, agents and employees ("ECG Staff") are not physicians or medical practitioners of any kind. With the above in mind, I/we hereby release and grant permission to the ECG Staff to render temporary first aid to my/our child in the event of any injury or illness, and if deemed necessary by the ECG Staff to call a doctor to seek medical help, including transportation by an ECG Staff member, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the ECG Staff deem this to be necessary.
- I/We assume full responsibility for all liability in connection with such Damages, and agree to indemnify ECG against any and all such claims and related costs, including claims by my/our minor child that may be brought after attaining majority.
- I/We certify: (i) that my/our child is in good health and that he/she has no physical limitations which would preclude him/her from the safe use of the facilities and equipment related to the Programs offered by ECG; and, (ii) that I/we have sufficient health, accident and liability insurance to cover any Damages that may result as a result of my/our child participating in the Programs, and if I/we have no such insurance, I/we certify that I/we am/are capable of personally paying for any and all such Damages.

_____ _____

Signature of Parent/Legal Guardian Date