

Today's
Date: _____

GYMNASTICS CENTRAL

BIRTHDAY PARTY WAIVER

Office use

FAMILY LAST NAME

FAMILY LAST NAME _____

E-MAIL ADDRESS _____

ADDRESS _____ HOME PHONE: (____) _____

CITY, STATE ZIP _____

PARENT/ GUARDIAN NAMES (if student is under 18)

Guardian 1: _____ first _____ last

Cell phone: _____

Guardian 2: _____ first _____ last

Cell phone: _____

Child 1

_____ Male Female / / Age: _____
Name (first, last) Date of birth:

This child is allergic to: _____

What should we know about this child?: _____

Child 2

_____ Male Female / / Age: _____
Name (first, last) Date of birth:

This child is allergic to: _____

What should we know about this child?: _____

Child 3

_____ Male Female / / Age: _____
Name (first, last) Date of birth:

This child is allergic to: _____

What should we know about this child?: _____

Child 4

_____ Male Female / / Age: _____
Name (first, last) Date of birth:

This child is allergic to: _____

What should we know about this child?: _____

**THIS FORM MUST BE COMPLETED
BEFORE YOUR CHILD IS ALLOWED
TO PARTICIPATE**

GYMNASTICS CENTRAL PARTY RELEASE FORM

MINOR WAIVER/ RELEASE (Complete if students are under 18 years by parent or guardian)

I understand the sports of gymnastics, dance, tumbling, warrior, etc. involve certain inherent risks, notwithstanding the safety precautions which are taken, and I voluntarily agree to assume such risks on behalf of my child(ren). In consideration of your accepting my child(ren) as a student in your program, for myself, my heirs, my executors, administrators and assigns, I waive and release any and all rights and claims for damages I have against High Tech Athletics, LLC. dba Gymnastics Central, its sponsors, agents, employees, representatives, successors and assigns, (hereafter collectively termed Gymnastics Central) for any and all injuries and losses suffered by my child(ren) and/or me and agree to indemnify and hold harmless Gymnastics Central for any claims by me or my child(ren) arising out of participation in any program or otherwise at Gymnastics Central or at any other location during an event sponsored by Gymnastics Central Additionally; I hereby grant Gymnastics Central permission to render first aid emergency treatment which it considers necessary to my child(ren) while in attendance at Gymnastics Central, or at any other location during an event sponsored by Gymnastics Central and release all rights and claims for damages which said child(ren) or I may have against Gymnastics Central in connection with the rendering of said first aid emergency treatment.

Furthermore, I also acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by such bacteria or viruses by attending Gymnastics Central and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I further understand that I am voluntarily allowing my child to participate in programs and activities offered by Gymnastics Central, knowing that it is impossible that my athlete, myself or anyone else who enters the gym on my behalf is completely safe from exposure to any bacteria or virus, including the Covid-19 virus. I understand that the risk of becoming exposed to or infected by COVID-19 at Gymnastics Central may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Gymnastics Central employees, volunteers, and program participants and their families.

CONSENT FOR TREATMENT FOR ACCIDENT & ILLNESS

Hospitals require that parents or adult guardians must give written consent before treatment of a minor (person under 18) may begin unless the situation is life-threatening. I understand that Gymnastics Central is not responsible for matters of illness or accidents. I certify that my child(ren) has had a medical examination to assure physical fitness and capability to perform the gymnastics, dance or cheerleading involved in the programs offered by Gymnastics Central In the event of an emergency, I hereby give permission to the licensed physician, selected by Gymnastics Central to hospitalize, secure proper treatment, anesthesia, or surgery for my child(ren). (In this location, Gymnastics Central will contact Mercy Anderson Hospital).

PERPETUAL COVENANT NOT-TO-SUE

In consideration for my child(ren)'s or my participation at Gymnastics Central I hereby, for myself and/or my child(ren) and our respective heirs and successors, PROMISE NOT-TO-SUE and FOREVER RELEASE Gymnastics Central from all liability resulting from damages or injuries incurred as a result of participation at or for Gymnastics Central. This includes acts of ordinary negligence. I understand that this PERPETUAL COVENANT NOT-TO-SUE will apply to EACH AND EVERY OCCASION that my child(ren) or I visit or participate at Gymnastics Central and that this agreement remains in force until I revoke it in writing.

PHOTO AND VIDEO RELEASE

I grant my permission to Gymnastics Central to use my children(s) or my image, likeness or sound of voice in publications, social media and other media used by, produced by or contracted by Gymnastics Central. I understand I will not receive payment or other compensation for the use of any image or recording.

Signed _____
(Parent or Guardian)

Date _____