

SOUTH FLORIDA GYMNASTICS

LIABILITY WAIVER AND RELEASE FORM

Parents **MUST** sign if student is under 18 years of age.

Student's name: _____ Student's Birth Date: ____/____/____ M/F: _____

Student's name: _____ Student's Birth Date: ____/____/____ M/F: _____

Parents' Names (OR Legal Guardian): _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Mother or Father's Driver's License Number: _____

Emergency Contact: _____ Relation: _____ Contact Number: _____

Allergies (please specify child): _____

Any medical or behavioral issues we should be aware of? _____

Primary Health Carrier: _____ Policy #: _____

How did you hear about us? (Circle one) Internet Flyer Drive-By Friend _____ (name) Other

In consideration of the agreement of **South Florida Gymnastics** (hereinafter **SFG**) to accept myself or my child(ren) (hereinafter participant) as a participant in **SFG** activities, the parent or legal guardian of said participant hereby states that they understand that any activity involving height, motion, or rotation in an unique environment may cause the possibility of accidental injury, paralysis, and even death. The undersigned voluntarily assume the risk of such injury to participant, his or hers heirs, executors, successors and assigns from any and all liability, actions, claims, and causes of action whatsoever on account of or in any way related to the participation or participant in **SFG** activities and does hereby agree to fully indemnify **SFG** for any medical expenses or other damages resulting from any such accidental injury to participant while training or performing at or for **SFG**, except where such expenses or damages are the result of the intention or reckless conduct of **SFG**. I further agree that **SFG**, and the sponsor of any **SFG** event along with the employees, agents, officers, directors, and owners of these organizations, shall not be liable for any losses or damages occurring as a result of participation in the event. I assume all risks associated with participation in gymnastics, tumbling, aerial/circus arts, and other activities, including any accidental injury that may be sustained as a result of, or incidental to instruction, now or any time in the future, seen or unforeseen. I hereby release **SFG**, its owners and employees, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of **SFG** in or upon the premises or **SFG**. **SFG** recommends a Doctor's physical for participation for your child(ren)'s benefit.

On many occasions, media personnel (newspapers, TV stations, etc.) will visit **SFG**. They often take pictures or videos of our classes or teams. Signing this release will include giving permission for us to possibly use you or your child(ren)'s picture in promotion and advertising for the gym. It is understood that no compensation will be given by the gym or by the user of such picture.

As legal parent or guardian of the child(ren) above, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child(ren) to participate in classes, events, competitions, and activities conducted by **South Florida Gymnastics**.

This agreement and waiver has been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I AGREE TO ADHERE TO ALL **South Florida Gymnastics** POLICIES, INCLUDING NO REFUNDS.

Parent/Guardian (18+yrs) Signature: _____ Date: _____