

ATLANTIC

GYMNASTICS TRAINING CENTER

PreK Open Gym Waiver

STUDENT INFORMATION

Name: _____ Age: _____ Birth Date: _____

PARENT/LEGAL GUARDIAN INFORMATION

Name _____ Cell# _____

Name _____ Cell# _____

Address: _____ Home Phone: (____) _____

City: _____ State: _____ Zip: _____

Anything that we need to be aware of?(i.e. allergies, medical issues, etc. We ask this information for safety reasons only and to insure the best possible experience for your child) _____

I, the parent/legal guardian of _____
give permission for the staff at Atlantic Gymnastics Training Center, Inc. to give my child simple first aid or to be transported to a hospital to receive emergency medical treatment.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating at **Atlantic Gymnastics** I represent that I understand the nature of this activity and that I am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below: and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity. I hereby release, discharge and covenant not to sue **Atlantic Gymnastics** its respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers and if applicable owners and lessors of premises on which the activity takes place, (each considered one of the "Releasees" herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any loss, liability, damage or cost which may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

*If you would **not** want Atlantic Gymnastics to use images of your child for marketing purposes please initial here _____

I have read the above waiver and understand the risks involved and have discussed gym safety with my child.

Signature of Parent or Guardian if participant(s) is under 18

Date: _____

GYMNASTICS TRAINING CENTER ATLANTIC

ATLANTIC GYMNASTICS TRAINING CENTER, INC. ADULT WAIVER
(To be filled out by any adult accompanying students into the gym, must be 18years or older)

Name of adult: _____ Phone # _____

Name of child you are accompanying: _____

Class/Program Name: _____ Day & Time: _____

Atlantic Gymnastics Training Center, Inc. Waiver and Release Form

I fully understand that the child I am accompanying, in participating in this activity, will use the equipment and that I will not use the equipment myself. Any demonstrations needed to be done for the benefit of my child will be done by the instructor and not by me. I will, along with the child, follow all safety posters displayed in and outside of the gym area. I understand the risks and possibility of injury involved in participating inside the gym. I understand that Atlantic Gymnastics Training Center, Inc., its coaches and other staff members will not accept responsibility for injuries sustained by any adult while following the child in the gym. I, my executors or other representatives, waive and release all rights and claims for damages that I may have against Atlantic Gymnastics Training Center, Inc. and/or its representatives whether paid or volunteer.

I fully understand that Atlantic Gymnastics Training Center, Inc. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Atlantic Gymnastics Training Center, Inc. staff to render temporary first aid to myself in the event of any injury or illness and if deemed necessary by the staff to call a doctor and to seek medical help, including transportation by an Atlantic Gymnastics Training Center, Inc. staff member and/or its representative, whether paid or volunteer, to any health facility or hospital, or the calling of an ambulance for myself should the Atlantic Gymnastics Training Center, Inc. staff deem this to be necessary.

Signature: _____ Date: _____