

Elite Core Gymnastics Participation Waiver

First Name _____ Last _____

Address _____ City _____
State _____ Zip _____

Birthdate _____ Male/Female

Mother _____ Phone # _____

Father _____ Phone # _____

Email _____ (For upcoming events)

Health Concerns? _____

Emergency Contact _____ Phone# _____

Liability Waiver and Indemnity Agreement. As conditions for participation of the person described above ("First Name, Last") in any of the programs conducted by Elite Core Gymnastics including but not limited to Tumbling, Gymnastics, Fitness Classes, Open Gym, Birthday Parties, Bounce House; whether conducted on or off the premises of Elite Core Gymnastics, I agree to the following:

1. I waive any claim for bodily injury, personal injury or property damage against Elite Core Gymnastics, its officers, directors, shareholders, employees, agents and insurers (collectively, "Elite Core Gymnastics"), and any owners or lessors of the premises and any equipment used in connection with any programs of Elite Core Gymnastics, arising out of our child's participation in any of the programs of Elite Core Gymnastics whether on or off Elite Core Gymnastics premises, or travel for the purpose of participating in any such programs or events.
2. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, myself, or any other family member.
3. This agreement shall remain in effect as long as and whenever our child participates in any activity at or with Elite Core Gymnastics.
4. If this agreement is not effective to waive liability on behalf of our child, ourselves, or any other family member, we further agree to indemnify Elite Core Gymnastics for its liability including all costs, fees, and expenses incurred by Elite Core Gymnastics in connection with such liability.
5. We reserve the right to use your or your child's image or likeness in any Elite Core Gymnastics promotional material.

Authorization of Medical Care: In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Acceptance of Rules and Policies: I have read and understand Elite Core Gymnastics rules and policies and agree to abide by them through the course of my, and my family's involvement with the program.

I have read, understand and will follow the rules presented to me on the rules and waiver form or presented during Open Gym. I understand if I don't follow the rules, I will be sent home without refund.

Parent Signature _____ Date _____

Participant's Signature _____ Date _____