

PLANET GYMNASTICS Waiver and Release Form

1. As regards: _____
Child(ren)'s Name(s)
2. Any intolerance to drugs or medications? Yes / No
If yes, please list:
3. An previous illness, injury, or existing condition the staff should be aware of? Yes / No
If yes, please explain, and list any restrictions:
4. *Multiple* Emergency Contact Names & Numbers:

5. I fully understand that Planet Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Planet Gymnastics staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Planet Gymnastics staff, to call our doctor and to seek medical help, including transportation by a Planet Gymnastics staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Planet Gymnastics staff deem this to be necessary.

Parent or Guardian Signature: _____ Date: ____/____/____.

6. We, the staff of Planet Gymnastics, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, trampoline, cheerleading, rock climbing, and parkour. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, Trampoline, Rock Climbing, Cheerleading, and Parkour can be dangerous and can lead to injury!

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

Planet Gymnastics, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, trampoline, parkour, rock climbing, or cheerleading instruction, open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Planet Gymnastics. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Planet Gymnastics and/or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Planet Gymnastics will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent or Guardian Signature: _____ Date: ____/____/____.

Please Print Name: _____ Phone Numbers: _____