

VeGa Gymnastics Open Gym Waiver

(This form must be filled out completely to participate.)

Guest Name (First & Last) _____ DOB _____ M F Phone # _____

Address _____ City _____ State _____

Zip _____

Parents Names _____ Email _____

Primary Insurance Carrier _____ Allergies/ Medical Conditions _____

Person to call in EMERGENCY if parents cannot be reached: Name _____ Phone # _____

Release and Waiver of Liability

I am fully aware and understand the risks, including the risk of catastrophic injury, paralysis, and even death as well as other damages and losses associated with participation in a gymnastics event. No matter how careful the gymnast and the coach are, no matter how many spotters are used, no matter what height is used, no matter what landing surface, the risk cannot be eliminated. Reduced, yes, but not eliminated. The risk of injuries includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations, and muscle pulls. The risks also include catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck, or head. I further agree that VeGa'S Gymnastics Inc. and their agents, officers, employee, instructors, directors, and landlords shall not be liable for any losses or damages occurring as a result of participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above. VeGa'S Gymnastics Inc. and its staff will not accept responsibility for injuries sustained by any child, parent and/or caregiver during the course of any gymnastics activities and/or while arriving or departing or waiting anywhere on VeGa'S Gymnastics Inc. premises.

Medical Release: I hereby give consent to VeGa'S Gymnastics Inc. to provide medical care, and to give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

Image Release: I hereby give consent to VeGa'S Gymnastics Inc. to use my child's image in any form of media, including print, television and internet, for advertisement and promotional purposes.

I have read the **Release and Waiver of Liability, Assumption of Risk**, 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 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.

Parent/Guardian Signature _____ Date _____