

PARENT / GUARDIAN WAIVER AND RELEASE

You agree that you are aware that your son or daughter named below will be engaging in physical exercise involving various sports, co-ordination events and fitness training which could cause injury to them. You agree that your son or daughter is voluntarily participating in these activities and is assuming all risks of injury that might occur as a result of these activities. We will make no evaluation or recommendation whether your son or daughter has any physical condition that may impair their ability to engage in these activities. It is your responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult your physician prior to undertaking any physical exercise program.

CHILD'S NAME _____ DATE _____

PARENT OR GUARDIAN SIGNATURE _____

Gymnastics In Motion, Inc

EMERGENCY PHONE NUMBERS IN THE CASE THAT WE CAN'T LOCATE YOU

1. _____ 2. _____ 3. _____

I HEREBY GIVE PERMISSION TO GYMNASTICS IN MOTION TO SECURE EMERGENCY MEDICAL AND/OR EMERGENCY SURGICAL TREATMENT FOR THE ABOVE NAMED MINOR CHILD WHILE IN OUR CARE.

Signature of Parent or Guardian _____ Date _____

Name of Child's Physician or Health Clinic _____

Phone _____ Health Insurance ID. Information _____

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