Gymnastics & Cheer Waiver & Release

Participation

I, or the athlete named on this form for whom I am the parent or legal guardian, wish to take part in gymnastics, tumbling, cheerleading, trampoline, open gym, camps, competitions and related activities offered by (the "Activities").

Risks of Gymnastics and Cheer

I understand that gymnastics and cheerleading involve flipping, twisting, swinging, balancing, landing from height and lifting or throwing other athletes. I understand that the Activities carry inherent risks of injury, including but not limited to:

- sprains, strains, dislocations and broken bones, especially to the wrists, elbows, ankles and knees;
- back and neck injuries from falls, missed landings or over-rotation;
- concussions and other head injuries;
- falls from bars, beam, vault, trampolines, rings or stunts;
- being struck by another athlete during stunting, pyramids, tosses or crowded practice;
- injuries from equipment, mats, foam pits and spring floors; and
- in rare cases, catastrophic injury such as spinal cord injury, paralysis or death.

I understand these risks exist even with proper coaching, spotting and equipment.

Health and Concussion

I confirm that the athlete is in good health and able to take part, and that I have told in writing about any injury, condition, allergy or medication that may affect their safety. I understand that any athlete suspected of having a concussion will be removed from activity and may not return until receives any written clearance required by law or by its policies.

Gym Rules

I agree that the athlete will:

- only attempt skills that a coach has approved for their level;
- not use trampolines, pits, bars or other apparatus without a coach present;
- follow spotting, stunting and progression rules at all times;
- wear appropriate attire, tie back long hair and remove jewelry; and
- follow all coach instructions and posted gym rules.

 may remove an athlete from an activity for safety or conduct reasons.

Competitions and Travel

Some Activities may take place at competitions, showcases or other venues. I understand that travel to and from these events is my responsibility unless agrees otherwise in writing, and that event venues are not controlled by .

Emergency Medical Treatment

If the athlete is injured or becomes ill and I cannot be reached, I authorize staff to give first aid and to arrange emergency medical treatment, including transport to a hospital. I agree to pay any resulting medical costs.

Photos and Video

I agree that may photograph or film practices and competitions for coaching, its website and social media, unless I tell in writing that I do not want the athlete's images shared.

Assumption of Risk and Release

I voluntarily accept the risks of the Activities on behalf of myself and the athlete. To the fullest extent permitted by law, I release , its owners, coaches, staff and volunteers from all claims for injury, illness, death or property damage arising from the Activities, except claims caused by gross negligence or willful misconduct.

Indemnification

I agree to indemnify against claims or costs caused by the athlete's or my own conduct, including injury to others or damage to equipment.

Parent or Guardian Consent

If the athlete is under 18, I confirm that I am their parent or legal guardian, that I have read this waiver, and that I sign it on the athlete's behalf and on my own behalf.

General

This waiver applies to all current and future Activities until I withdraw it in writing. It is governed by the laws of the state in which operates. If any part is unenforceable, the rest remains in effect.

Please initial each statement

___ I am the athlete, or the athlete's parent or legal guardian, and I am at least 18 years old.

___ I have disclosed any injury, concussion history or medical condition that may affect the athlete's safety.

___ I understand the risks of gymnastics, tumbling and cheer, including serious injury, and voluntarily accept them.

___ I understand that an athlete with a suspected concussion will be removed from activity until cleared.

___ I release {{business}} from liability as described in this waiver, to the extent permitted by law.

Participant full name

Date

Date of birth

Phone

Email

Emergency contact name & phone

Name(s) of minor participant(s)

Parent / guardian name

Signature