

MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

RELEASE: I recognize the potential for injuries which can occur in gymnastics and activities involving movement, trampolining, inflatables and exercise. I understand that catastrophic injury, paralysis, or even death can result from improper conduct of the activity. I hereby consent to _____ (child's name) participating in activities on equipment owned and/or used by Connections Gymnastics School, Inc. and hereby agree that I, for myself, my child adopted or otherwise, my heirs and executors, waive and release any and all rights and claims for damages that I may have at any time against Connections Gymnastics School, Inc. or its agents and representatives for injury or damages in connection with my association with or entry in gymnastics or other activities sponsored by Connections Gymnastics School, Inc.

Signature: _____ Date: _____

Previous gymnastics experience _____

How did you learn about Connections Gymnastics School? _____

Your e-mail address: _____

MEDICAL INFORMATION

Please list any medical conditions to which we should be alerted, (i.e. allergies with action to be taken in case of reaction, disabilities, chronic illness, and medications taken regularly):

Please list past injuries and locations thereof, (i.e. dislocations, sprains, breaks, fractures):

Permission for Medical Treatment

I, _____, authorize the necessary steps regarding medical attention (i.e. first aid, calling ambulance service or transportation to be admitted to the hospital) and will allow authorized hospital faculty and staff to treat my child for any illness or injury he/she has.

Parent: _____ Date: _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy ID #: _____

*I will notify Connections Gymnastics if any of the above information changes.

Signature: _____ Date: _____

MEDIA RELEASE & CONSENT

I, _____ parent/guardian of _____ hereby give my permission for Connections Gymnastics School, Inc., to utilize my child's photograph(s) in either a written or multimedia format for public relations.

Signature: _____ Date: _____

POLICIES AND PROCEDURES

I HAVE READ AND UNDERSTAND THE POLICIES AND PROCEDURES AND WAS GIVEN A COPY FOR FUTURE REFERENCE.

Signature: _____ Date: _____