

## WAIVER AND RELEASE FORM

We, the staff of Rising Stars Gymnastics Academy (RSGA), recognize our obligation to make our students aware of the risks and hazards associated with the sport of gymnastics. The risk of injury includes minor injuries such as bruises to more serious injuries such as broken bones, dislocations and pulled muscles. **The risk also includes catastrophic injuries such as permanent paralysis or even death from the improper conduct of the activity.** I fully understand that RSGA staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the event of any injury or illness, and if deemed necessary by RSGA staff to make whatever emergency (i.e., first aid, disaster evacuations) measures that are judged necessary for the care and protection that my child(ren) while under the supervision of RSGA. In the case of a medical emergency I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad or fire department) deems it necessary. The child will be transported at the expense of your primary insurance coverage. It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf. RSGA, its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of any gymnastics workouts, exhibition, competition, or clinic in which he/she may participate or while traveling to or from events. **ADULTS ARE NOT ALLOWED ON EQUIPMENT.** I hereby verify by my signature below that I have read, fully understand and accept each of the above conditions permitting my child to participate in events and activities conducted by RSGA. I understand that I am voluntarily allowing my child(ren) to participate in programs and activities offered by RSGA knowing that it is impossible to keep them, myself, or anyone else completely safe from exposure to colds, flus, virus's and other illnesses. I accept that risk.

Childs Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Childs Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Class or Activity (please circle one):  **Birthday Party / Open Gym / Field Trip**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_