

Midwest Gymnastics

UNIVERSAL EVENT WAIVER

Child's Name: _____

Age: _____ Date of Birth: ____ / ____ / ____ Gender: M F

Parent/Guardian's Name: _____

Phone: (____) ____ - ____ Email: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____ Phone: (____) ____ - ____

Event Attending (circle one) Date: ____ / ____ / ____		
Free Trial	Private Lesson	Birthday Party
Parent's Night Out	Bring a Buddy Week	Field Trip
Lock in	Unstructured Supervised Play	Other _____

In consideration of myself or my child's participation at Midwest Gymnastics Center classes, events, activities, which activity I hereby acknowledge involves a greater than normal risk of injury, I agree as my child's parent or guardian to assume all risks, cost, or losses sustained to me, my child, or my child's relatives. In case of emergency, I hereby give Midwest Gymnastics Center, and/or appropriate medical facility to provide customary/athletic training attending, emergency services, and transportation AS DEEMED NECESSARY for the care and protection of my child or myself while participation in ANY Midwest Gymnastics Center activities. I am fully aware and acknowledge the risks including the risk of catastrophic injury, paralysis or even death, as well as other damages and losses associated with the participation in gymnastics activities and events.

Further, I hereby agree that Midwest Gymnastics Center, along with it's employees, owners, offices, volunteers, and any other representatives shall not be liable for any losses, claims, or expenses accruing as a result of my child's participation in the event, except where such is the result of the intentional or negligent conduct of one of the individuals or organizations identified above.

Primary Medical Insurance Carrier: _____

Physician: _____ Phone: (____) ____ - ____

Allergies or Special Health Considerations: _____

Parent/Guardian's Signature: _____

