

## Universal Event Wavier

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Event Attending: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

*Don't forget to read and sign the back*

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### Medical and Release Information

In Consideration of my child's participation at Midwest Gymnastics Center classes, events, activities, which activity I herby acknowledge involves greater then 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 childs' relatives

In case of emergency, I herby give my consent to Midwest Gymnastics Center, and/or appropriate medical facility to provide customary/athletic training attending, emergency service, and transportation AS DEEMED NECESSARY for the care and protection of my child 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 activates and events.

Further, I herby 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, expect where such is the result of the intentional or negligent conduct of one of the individuals or organizations identified above.

Childs' Primary Medical Insurance Carrier \_\_\_\_\_ Physician \_\_\_\_\_

Name of Parent/Guardian (print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any medical, psychological, or physical needs of your Child: \_\_\_\_\_

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