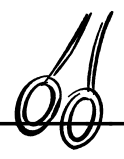


In Consideration of my child's participation at Midwest Gymnastics Center classes, events, activities, which activity I hereby acknowledge involves greater than normal risk of injury, I agree as my child's parent or guardian to assume all risks, cost, or losses sustained to me, my child, or my child's relatives in case of emergency, I hereby give 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 activities and events. Further, I hereby agree that Midwest Gymnastics Center, along with its 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.

Children's Primary Medical Insurance Carrier \_\_\_\_\_  
 Name of Parent/Guardian (print) \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Please list any medical, psychological, or physical needs of your Child: \_\_\_\_\_

Medical and Release Information

Open Gym Waiver



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Currently Enrolled: \_\_\_\_\_ Current Class: \_\_\_\_\_ Day: \_\_\_\_\_  
 Parent/Guardian Name(s): \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_



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 Name of Parent/Guardian (print) \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Please list any medical, psychological, or physical needs of your Child: \_\_\_\_\_

Medical and Release Information

Open Gym Waiver



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