

Gym Waiver Form

This form must be filled out and signed by a parent or guardian.

Name: _____ Sex: _____ Birthdate: _____ Age: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parents' Names: _____

Medical Conditions:(Allergies?) _____

Emergency Contact: _____ Relation to gymnast: _____ Phone #: _____

I recognize that potentially severe injuries can occur in any activity involving height or motion, including gymnastics. I UNDERSTAND AND ACCEPT THAT RISK. In consideration for allowing my child to use the gymnastics facility and equipment, I hereby forever release Zenith Gymnastics, its owners, officers, employees, teachers and coaches from all liability for any and all damages or injuries suffered by my child while under instruction, supervision or control of same individuals or organization.

Signature: _____ Date: _____

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