

Twin Ports Gymnastics Club, Inc.

WAIVER AND MEDICAL RELEASE

In consideration for my membership in the Twin Ports Gymnastics Club, Inc., I agree to be bound by each of the following:

WAIVER AND RELEASE:

As legal guardian of the child on this form below, I hereby consent for him/her to participate in the Twin Ports Gymnastics Club, Inc. I am fully aware of and appreciate the risks, including the risk of a catastrophic injury, paralysis, and even death, as well as other damages and any losses associated with participation in gymnastics activities. I hereby and forever release BC Enterprises, LLC, the Twin Ports Gymnastics Club, Inc., the directors, officers, agents, and employees from all liabilities for any and all damages and injuries suffered or contracted as a result of participation in gymnastics.

Printed Name of Athlete: _____ DOB: _____

Printed Name of Both Parents or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

MEDICAL RELEASE:

Should my child become ill or injured while participating in an authorized gymnastics activity and I and/or my child's physician are not available, I hereby grant any administrative director, staff person, agent, or employee of Twin Ports Gymnastics Club, Inc. the authority to obtain the emergency medical attention they deem necessary. I further authorize the above designated to execute that consent required in connection with such advice or treatment. I hereby release said person from and agree to indemnify them, BC Enterprises, LLC and Twin Ports Gymnastics Club, Inc. against any liability arising out of the exercise of the authority I here granted.

Signature of Parent or Guardian: _____ Date: _____

Participant's Street Address: _____

City: _____ State: _____ Zip: _____

Parent Phone Number: _____ Work/Cell Number: _____

Emergency Contact: _____ Phone #: _____

Child's Physician: _____ Phone #: _____

Hospital Preference: _____

Insurance Company: _____

Any previous injury, diagnosed illness, or condition of which we should be aware of: _____

Daily Medication(s): _____ Allergies: _____

PHOTO RELEASE:

I hereby give my consent to Twin Ports Gymnastics, Inc., its representatives, and employees the right to take photographs of me and/or my child/children. I agree that Twin Ports Gymnastics Inc. may use those photographs of me or my child/children for any lawful purpose, including but not limited to such purposes as publicity, illustration, advertising, and web content.

Signature of Parent or Guardian: _____ Date: _____

MY GYM ACCOUNT: Email me invoices & receipts: **YES / NO** Email me gym newsletters & upcoming events: **YES / NO**

Email address(es): _____