

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 them 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 C & P Potter, 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, C & P Potter 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 #1: _____ Parent Phone #2: _____

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 address(es): _____