

AGC WAIVER FORM

Student Name	Birthdate		
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Home Address	City	State	Zip
Father's Name	Mother's Name	Phone #:	
Are there any medical conditions?	Medical Insurance Co. Name	Policy #:	
Are you here for a birthday party?	How did you hear about AGC?	Email Address:	

Acknowledgement of Risk and Waiver of Liability

As legal guardian of _____, I hereby consent to the above person participating in the Anderson Gymnastics and Cheer programs. I recognize the potentially sever injuries can occur in any activity (including gymnastics) which involves height and motion. I also realize that my child will be performing and training on all Olympic events plus various other training devices including trampolines.

I understand that it is the express intent of Anderson Gymnastics & Cheer to provide for the safety and protection of my child, and in consideration for allowing my child to use these facilities. I hereby forever release Anderson Gymnastics and Cheer (its officers, employees, teachers, and coaches) from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Anderson Gymnastics and Cheer.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses incurred by my child as a result of any injury sustained while training, performing, and other recreational events at or for Anderson Gymnastics and Cheer.

This acknowledgement of risk and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature

Date