

**Wiseman Gymnastics Academy, Inc.**  
**Consent to Treatment Form and Liability Release and Indemnification Form**

**Participant's Information**

Child #1's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Weight \_\_\_\_\_  
Child #2's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Weight \_\_\_\_\_  
Child #3's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Weight \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Medical Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
Other Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

List any allergies, illnesses, previous injuries, or any health conditions we should know about your child/children

---

**Consent To Treatment Form**

I, \_\_\_\_\_ authorize Wiseman Gymnastics Academy, Inc. to provide to my child/children, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the gymnast require such assistance, transportation, or services as a result of injury or damage related to participation in activities at Wiseman Gymnastics Academy. If the parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached.

I HAVE READ AND UNDERSTOOD THIS CONSENT TO TREATMENT AND AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of other Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Liability Release and Indemnification**

In consideration of Wiseman Gymnastics Academy, Inc. allowing the child/children to participate in physical exercise and activities involving various sports (including gymnastics), coordination events, and fitness training (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the children/child and his or her parents or legal guardians):

**Acknowledgment and Assumption of Risks.** I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by the child/children's actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, the negligence of the "Released Parties" named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost, and damages that may result from the Activity. I hereby give my approval of and consent to the child/children's participation in the Activity. I assume all risks and hazards incidental to the Activity.

**Representation of Ability to Participate.** I understand the nature of the Activity, and I represent that the child/children is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for the child/children, then it will be my responsibility immediately to discontinue the child/children participation in the Activity.

**RELEASE.** I hereby release, acquit, covenant not to sue, and forever discharge Wiseman Gymnastics Academy, Inc., its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or leasers of any facilities within which the Activity is conducted, their respective agents, and employees, and all other persons providing facilities or assisting in the conduct of the Activity of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the child/children's participation in the Activity.

**Indemnification.** I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney's fees (including the cost of any claim I might make or that might be made on my behalf or the child/children's behalf that is released in this document), arising out of or connected in any way with any of the Released Claims.

I HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE, INDEMNIFICATION, AND CUSTODIAL PARENTS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of other Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_