



GYM FUSION
PARTY/ FRIDAY FUN NIGHT WAIVER

Participants Name: _____ Age: _____ DOB ____/____/____

Parent/ Guardian Name _____

Print

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

Phone: _____ Emergency Phone: _____

E-mail: _____

Medical or Physical Concern _____

As legal guardian of _____, I understand that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, cheerleading, parties, inflatables, and open gyms. An injury may be anything from a bruise, a broken bone, or a permanent disability (possibly paralysis) or even death. We take special steps to assure safety in the gym. Proper mats, equipment and progressive skills assure reasonable safety. It does not assure that the children will not be injured.

I hereby consent to have my child/ward participate in programs offered by Gym Fusion. I ACCEPT ALL RISKS associated with that participation. In consideration for allowing me and my child(ren) to use these facilities, I, on behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Gym Fusion, its owners, directors, shareholders, employees or agents whether paid or volunteer from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Gym Fusion, including, without limitation, those damages or injuries resulting from acts of negligence on the part of its owners, directors, shareholders, employees, or agents whether paid or volunteer. The risks involved in respect to such a program are fully understood.

PERMISSION FOR MEDICAL TREATMENT: I confirm that the above named person is in good health. I hereby authorize simple first aid and consent to any x-ray, exam, and medical or surgical diagnosis, which are deemed necessary. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by me or my child as a result of any injury sustained while participating at Gym Fusion.

By participating in activities here at Gym Fusion, you are granting your permission for you and your child(ren) to be filmed, videotaped, audio taped, and/or photographed by any means and are granting full use of your likeness, voice, and words without compensation. I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION. I VOLUNTARILY affix my name in agreement.

Signature: _____

Date: ____/____/____