



WAIVER / RELEASE / AUTHORIZATION FOR MEDICAL ATTENTION

I hereby enroll my child/children _____ in Rice City Gymnastics. I recognize that any activity involving height or motion can create the possibility of injury. I also understand that gymnastics, tumbling, and/or cheerleading skills are inherently dangerous activities and that injury, or even death, may occur. I waive and release any and all injuries and damages suffered by the above named enrollees in connection with the programs offered by Rice City Gymnastics. I waive and release any and all damages done to my child or family resulting from an infectious agent, including bacterial, viral, fungal and parasitic nature, possibly contracted from Rice City Gymnastics. If for any reason, I myself enter any part of the gym, I waive and release any and all injuries and damages suffered as a result. My signature is my indication that I have thoroughly read, clearly understand, and agree to comply with all the rules, regulations, and policies of Rice City Gymnastics.

This is to certify that I, _____ (parent/legal guardian) am the parent/legal guardian of _____ (student(s)). I understand that gymnastics, tumbling, and/or cheerleading skills are learned under the direction of trained professionals and therefore should only be practiced in an appropriate setting with proper supervision. I hereby give consent for myself or the student(s) listed above to the coaches and staff of Rice City Gymnastics to obtain medical care from any licensed physician, hospital, clinic, or ambulance for any injury that might arise.

Occasionally, we use students' names and images from our programs in marketing and promotional materials both in print and online. May we use your student(s)' image and/or name in our marketing? YES / NO

I understand the make-up policy regarding students enrolled in any of the programs offered at Rice City Gymnastics. I understand that I am responsible for payment of the entire session. In an effort to maintain the integrity of these programs, Rice City Gymnastics reserves the right to terminate any student's enrollment at any time.

My signature is my indication that I have thoroughly read, clearly understand, and agree to comply with all of the rules, regulations, and policies listed in this document and also the Rice City Gymnastics Handbook.

Signature of Parent/Legal Guardian

Date