



Wojtek's Gymnastics



2500 Commerce Parkway
Lancaster, NY 14086
716-907-6875
Wojtekgymnastics@gmail.com

Wojtek's Gymnastics Waiver Form

If you are not currently a member of Wojtek's Gymnastics this waiver form must be completed for you to enter the gym area / participate. Waiver forms will be held on file for the remainder of the year should you participate in another event this year.

GUEST INFORMATION:

Last name _____ First name _____

DOB _____ M / F Phone # _____

Address _____

City _____ State _____ Zip code _____

Parent Name _____ Phone # _____

Email Address: _____

The gym relies on the parent or legal guardian's judgment regarding the child's ability and health to participate in the sport / activity. Does your child have any health limitations or issues? Y / N If yes, please explain:

Emergency # (If parent can't be reached):

Name _____ Phone # _____

I realize that I am responsible for all medical expenses for my child that maybe needed due to their participation at your facility, and/or under your supervision. I understand that participation in gymnastics and related activities involves motion, rotation and height in a unique environment and as such, carries with risk of injury. I am voluntarily allowing my child to participate in this activity with knowledge of risk involved, and hereby agree to accept any and all inherent risk of property damage, personal injury or death. I hereby release Wojtek's Gymnastics, its affiliates, agents, owners and employees from any liability for accidents while participating at Wojtek's Gymnastics.

I hereby state that my child has no metal or physical conditions that prohibit full participation in gymnastics. I also agree to inform Wojtek's Gymnastics of any condition that Wojtek's Gymnastics staff should be aware of in dealing with the student during normal activities or in case of any emergency. All safety rules must be observed. No jewelry is to be worn and no food or gum will be consumed in the gym. Wojtek's Gymnastics will not be responsible for any personal items brought.

Parent or Legal Guardian's Signature _____ Date _____

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