

Waiver/Release Form

Granite City Gymnastics
922 21st Avenue NE
St. Joseph, MN 56374
320-251-3547
www.granitecitygymnastics.com

Student's Name: _____

We, the staff of Granite City Gymnastics, recognize our obligation to make our students and parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, trampoline, tumbling and dance can be dangerous and can lead to injury.

As parents/guardians I agree and promise to hold harmless and indemnify Granite City Gymnastics or its employees in connection with any claims for personal liability, property damage, etc.

As parents/guardians, I fully understand that Granite City Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Granite City Gymnastics Staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Granite City Gymnastics Staff to call our doctor and to seek medical help, including transportation by a Granite City Gymnastics staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for the child should the Granite City Gymnastics staff deem this to be necessary.

In case of an emergency who should we contact: _____

Phone number of emergency contact: _____

Parent/Guardian:

(Please **print** your name here)

(Please **sign** your name here)

Date: _____