

Pardeeville Gymnastics Club
Release Form for 2020 Sessions (Please print clearly)

Students Name _____ Age _____ Birth Date _____

Address _____ City _____ Zip Code _____

Phone #'s _____ Email _____ @ _____

I hereby authorize the directors of Pardeeville Gymnastics Club to act for me according to their best judgment in any emergency requiring medical attention. I understand that Pardeeville Gymnastics Club assumes no responsibility for any medical expenses and requires every child enrolled in the program to carry medical insurance. I hereby pledge to obey all rules and regulations drawn up for the purpose of maintaining this club, keeping order with in it and protecting others and myself from injury. In recognition of my willingness to accept entry into this club and the risks involved in such acceptance, I hereby:

1) Agree to release Pardeeville Gymnastics Club, its officers instructors, employees, members, authorized guests and any and all others who may play part in my or my child's instruction or in the performance of any duties for Pardeeville Gymnastics Club from all responsibilities and claims for the injuries that I or my child may receive while practicing the above mentioned sports.

2) Agree to obey all club rules and regulations, to meet any and all fee requirements and to pay particular attention to the regulations governing conduct while in attendance at the club for instruction or spectator purposes.

3) Agree to irrevocably, personally and my heirs, assigns and legal representatives, release and waive any and all past, present or future claims, demands and causes of action which the undersigned now has or in the future have against Pardeeville Gymnastics Club and any and all officers, employees, agents, instructor's and/or assistant instructors for future injuries received while on the premises of such school as a spectator, participant, contestant or in any other manner of form taking part in the exercise, practice and/or demonstration of said gymnastics and I further waive and release any and all claims against any and all of the aforesaid parties for any items of personal property, lost damaged or destroyed while on said premises for any of the above-mentioned purposes at any time in the past present or future.

4) Being aware that gymnastics may, even under the safest conditions possible, be dangerous, do therefore, assume the risk of injury to my self or my child while participating in gymnastics at the school and certify that I am of legal age and competent to sign the same.

This gymnast is covered by my insurance (print name of gymnast _____)

Relationship to the gymnast _____ Insurance carrier _____

Signature of parent or guardian _____ Date _____

Signature of gymnast _____ Date _____