

RED RIVER VALLEY GYMNASTICS CLUB

Child Participation Waiver

Function: _____

Date: _____

All children under the age of 18 participating in this event are required to have a parent or guardian read the following waiver and sign below as an acknowledgment that he/she understands what is stated and that the child has permission to participate in the event.

General Information

Child's Name: _____

Parent/Guardian: _____

Address: _____

Phone: _____

Waiver and Medical Authorization

In consideration of Red River Valley Gymnastics Club allowing my child to participate and train in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree as my child's parent/guardian to assume all risks, costs, or losses sustained by me, my child, or my child's family as well as the heirs, executors, administrators, legal representatives, assignees, and successors in interest thereof in connection with his/her participation in gymnastics classes, programs, camps, lessons, or meets.

I give permission to Red River Valley Gymnastics Club and/or appropriate medical staff or facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Red River Valley Gymnastics Club. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad, etc.) deem it necessary. I understand that my child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before informing me, my child's physician, and/or any other adult acting on my behalf.

Because of the dangers of the sport, I understand the importance of following the coaches' instructions regarding techniques, training and other rules and agree to obey such instructions. **WARNING!! CATASTROPHIC INJURY, PARALYSIS, OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE GYMNASTICS ACTIVITIES.**

Further, I, hereby release, agree to defend, indemnify and hold harmless Red River Valley Gymnastics Club's employees, Board of Directors, or volunteers (collectively "Releasees") from any claims, losses or expenses incurred by or on behalf of me, my child, and my child's family, as well as heirs, executors, administrators, legal representatives, assignees, and successors in interest thereof, **INCLUDING ANY AND ALL CLAIMS ARISING FROM THE RELEASEES OWN NEGLIGENCE.**

Signature: _____

Date: _____

Please Circle One: Mother Father Guardian