



# Riley's Gymnastics Academy General Waiver

Student's Name \_\_\_\_\_ Home Ph \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Ph \_\_\_\_\_ Work Ph \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Cell Ph \_\_\_\_\_

Parent Email \_\_\_\_\_

Who is authorized to pick up your child (please give name and relationship to child)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Birthdate \_\_\_\_\_ School \_\_\_\_\_

Does your child have any physical/social/emotional issues or allergies? Please Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have previous gymnastics experience?

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND  
INDEMNITY AGREEMENT

In consideration of participating in RILEY'S GYMNASTICS ACADEMY, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and even death, which may be caused by my own actions, or inactions, those of others participating in the event, the condition in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge and covenant not to sue RILEY'S GYMNASTICS ACADEMY, it's respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence or the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes claim against any of the Releasees I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may occur as the result of such claim. RILEY'S GYMNASTICS ACADEMY reserves the right to use any video or photographic material for any legal purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Emergency Contact Information and  
Medical Release Form

Gymnast Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Known Allergies/Medical Conditions/Medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's First and Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent's First and Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Additional Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid my child, \_\_\_\_\_ and prevent further injury and/or death. If possible, I wish to be contacted before any procedures are initiated, however, if the injuries are catastrophic, life threatening or I am unable to be reached, I give permission to the emergency care physician, support personnel and Riley's Gymnastics Academy to do what they deem necessary in the best interests of my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_