

Gold Medal Gymnastics, Inc
56 Artisan Drive
Smyrna, DE 19977
302-659-5569
www.gmgym.com

Waiver and Release Form

I fully understand that Gold Medal Gymnastics, Inc. staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release Gold Medal Gymnastics, Inc. staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Gold Medal Gymnastics, Inc. staff to call a doctor and to seek medical help, including transportation by a Gold Medal Gymnastics, Inc., staff member and or it's representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for the said name child should Gold Medal Gymnastics, Inc. staff deem this to be necessary.

Parent or Guardian signature _____ **Date** ____/____/____

We the staff of Gold Medal Gymnastics, Inc. recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, Cheerleading and Tumbling can be dangerous and can lead to injury!

Parents or guardians should make their own children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

Gold Medal Gymnastics, Inc., it's coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance, or cheerleading instruction, open workouts, or any activity, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Gold Medal Gymnastics, Inc. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Gold Medal Gymnastics, Inc., and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accidental insurance coverage which I consider adequate for both my child's protection and my own protection.

I understand that it is the parents' responsibility to warn the child about the danger of gymnastics and injury. The parent should warn according to what the parent feels is appropriate. Gold Medal Gymnastics, Inc. will only warn the child through "Safety Messages" and our teaching style and progressions.

Child's name _____ Date of Birth ____/____/____

Child's name _____ Date of Birth ____/____/____

Child's name _____ Date of Birth ____/____/____

Child's name _____ Date of Birth ____/____/____

Parent or Guardian signature _____ **Date** ____/____/____

PLEASE PRINT NAME _____

Gold Medal Gymnastics, Inc. representative _____ Date ____/____/____

Photography Waiver

I understand that Gold Medal Gymnastics, Inc., it's associates or other entities may be taking pictures or videos during Gold Medal Gymnastics, Inc. activities. I hereby grant my permission for Gold Medal Gymnastics, Inc. to use these pictures or videos for display in the gym, on the web site, in Gold Medal Gymnastics, Inc. materials, and for advertising, without any further permission required. I also understand that I will receive no compensation either monetary or otherwise for the use of any of these pictures or videos.

Parent or Guardian signature _____ **Date** ____/____/____