



OPEN GYM

INFORMED CONSENT

I believe my child and I are in good health and proper physical condition to participate in gymnastics and related activities. My child and I are aware that participating in gymnastics is a potentially hazardous activity. I assume all risks associated with participation in this sport, for my child and myself including but not limited to falls, contact with other participants, and other risk conditions associated with the sport. All risks, including the risk of catastrophic injury, paralysis and even death, to my child and myself are known and understood by me. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless Baltimore County Gymnastics, Inc. from all liability claims, demands, losses or damages on my or the minor's account caused, or alleged to be caused, in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim. I also agree to abide by the rules and policies as established by Baltimore County gymnastics, Inc. I agree to pick up children promptly at the time set for the end of the program/activity.

I understand this **INFORMED CONSENT** and agree to its conditions on behalf of myself and/or my child.

Participant Name _____ Age _____ DOB _____ Gender _____
Last First Middle Initial

Medical conditions to be aware of: _____

PARTICIPENT OVER 18 YEARS OLD:

Participant Signature _____ Date _____ Phone _____

PARTICIPENT UNDER 18 YEARS OLD:

Parent/ Legal Guardian signature _____ Date _____

Print Parent/Legal Guardian Name _____ Phone _____

EMERGENCY CONTACT _____ Phone _____
(Someone other than yourself)

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