

HARTFORD GYMNASTICS WAIVER & RELEASE FORM

Participants Name _____ Birthdate ____/____/____

Participants Name _____ Birthdate ____/____/____

Participants Name _____ Birthdate ____/____/____

Parent Name _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Emergency Contact _____ Relationship _____ Phone _____

Hartford Gymnastics is committed to conducting its activities in the safest manner possible. We hold the safety of the participants in the highest possible regard. Parents must recognize however that there is an inherent risk of injury when choosing to participate in recreational activities. Hartford Gymnastics continually strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety. **RELEASE OF LIABILITY WAIVER: WARNING! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY.** In consideration of Hartford Gymnastics accepting my child into participation and/or training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree, as my child's parent/guardian to assume responsibility for all risks, cost, or losses sustained by my child, or my child's family in connection with participation in gymnastics classes, programs, lessons, meets, birthday parties, open gyms, field trips or any other activities connected with Hartford Gymnastics.

I give my permission to Hartford Gymnastics and/or appropriate medical 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 Hartford Gymnastics.

In case of an emergency, I understand my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached.

Further, I hereby release and agree to hold harmless and to indemnify Hartford Gymnastics employees, owners or volunteers from any claims, losses or expenses incurred or on the behalf of me, my child or my child's family.

CONSENT TO PHOTOGRAPH AND MEDIA REALEASE: I understand that my child's photograph or video may be taken during the course of class instruction, during a special event at Hartford Gymnastics or at a function sanctioned by Hartford Gymnastics. I hereby grant permission to Hartford Gymnastics to use my child's photograph or likeness in any publicity or promotional publications (e.g., web site, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

I do **NOT** want my Child(ren) photographed.

I have read and understand this "Release of Liability Waiver" and "Consent to Photograph and Media Release" and I voluntarily affix my name in agreement.

Parent/Guardian (Please Print) _____ Date _____

Parent/Guardian Signature _____