

The Gymnastics Training Center
520 Hopmeadow Street, Simsbury, Ct. 06070

Name of Event:

Date of Event:

Time of Event:

General Consent and Release Form

(Birthday Party, Parent's Night Out, Vacation Club, Field Trips)

Participant's Name _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Emergency Contact Name _____ Phone _____

(to receive info on upcoming events) Email: _____

Please read, sign and date where appropriate:

In compliance with our insurance company it is our responsibility to inform you of the following: Please read, sign and date where appropriate. (Releasees refers to The Gymnastics Training Center of Simsbury, Inc. and its representatives whether paid or volunteer)

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the gymnastics, tumbling and trampoline, and cheerleading at The Gymnastics Training Center of Simsbury, Inc. I represent that I understand the nature of this Activity and that my child is 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 have him / her discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my child's actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named above; 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 all responsibility for losses, cost, and damages that my minor child should incur as a result of his / her participation in the Activity.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of (student) Participant _____ Date: _____

Printed name of (Parent) Participant _____ Date: _____

Signature of (Parent) Participant _____ Date: _____

I, _____, parent and/or legal guardian of minor child(ren), _____ and _____, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS The Gymnastics Training Center of Simsbury, Inc. and/ or it's representatives whether paid or volunteer from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed name of Parent/or Legal Guardian _____

Signature of Parent / Legal Guardian _____

Address _____ Town, Zip _____

I fully understand that staff members at *The Gymnastics Training Center of Simsbury, Inc.* are not physicians or medical practitioners of any kind. With the above in mind, I hereby release *The Gymnastics Training Center of Simsbury, Inc.* and its staff to render first aid to my child or children in the event of any injury or illness. In addition, I authorize *The Gymnastics Training Center of Simsbury, Inc.* and its staff to seek medical treatment at the nearest medical facility in case of emergency.

Parent / Guardian Signature _____ Date _____

I do not want my child to appear in photos on the website or newspaper. (We do not name children in photos.)