

## Skye High Gymnastics Center – 2019 Drop-In Form

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

I have read and understand the Acknowledgement of Risk, Waiver of Liability, and Medical Authorization (below), and this indicates my agreement. Acknowledgement of Risk, Waiver of liability, Medical Authorization: As legal Guardian, I agree that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, or trampoline. Being fully aware of the dangers, I voluntarily consent to the aforementioned person participating in any and all Gymnastics programs and activities and accept all risks associated with that participation. In consideration for allowing my child to use the facilities, I on my own behalf and of my child and our respective heirs, administrators, executors, and successors, hereby forever covenant not to use Skye High Gymnastics Center, BTS, or its Directors, Employees, Volunteers and all other associated with the program from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of the SHGC program. In the event of an emergency, I would like my above-mentioned child to be taken to a hospital for medical treatment and I hold the SHGC and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of the injury associated while participating at or for the Skye High Gymnastics Center Program. By signing this form, I also allow photos to be taken of my child which may be posted on social media.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_