

Tri-Star Gymnastics Waiver and Release Form

By nature, the pursuits of gymnastics, cheerleading and related activities carry the risk of physical injury. I recognize that severe trauma, including permanent paralysis or death can occur in sports or activities involving height and/or motion. These activities include (but are not limited to) gymnastics, tumbling, trampoline, dance, cheerleading and fitness. Mats, foam pits and safety equipment are provided for the student's protection, including the active participation of a coach or teacher however, this may be insufficient to prevent serious injury.

Being fully aware of these dangers, I hereby give consent for my child/ren to participate in any and all Music City Gymnastics, Inc., dba Tri-Star Gymnastics programs and activities and I ACCEPT ALL RISKS associated with this participation.

In any event of an accident or emergency, I hereby authorize my child to be transported to a hospital for medical treatment and I hold Music City Gymnastics Inc., dba Tri-Star Gymnastics, Carrel McCullar and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child/ren as a result of any injury sustained while participating at or for Music City Gymnastics Inc., dba Tri-Star Gymnastics. I fully understand that Music City Gymnastics Inc., dba Tri-Star Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Music City Gymnastics Inc., dba Tri-Star Gymnastics staff to render first aid to my child or children in the event of any injury or illness and if deemed necessary by the Music City Gymnastics Inc., dba Tri-Star Gymnastics staff to call our doctor and seek medical help or the calling of an ambulance for said child should Music City Gymnastics Inc., dba Tri-Star Gymnastics staff deem this to be necessary.

I also affirm that that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I also understand it is the parents' responsibility to warn the child about the dangers of gymnastics and potential injury. The parent should warn the child according to what the parent feels is appropriate. Music City Gymnastics Inc., dba Tri-Star Gymnastics will only warn the child through safety messages, our teaching style and progressions.

In Consideration of my child/ren's participation I hereby (for myself and for my child/ren and our respective heirs and successors) COVENANT NOT TO SUE and FOREVER RELEASE Music City Gymnastics Inc., dba Tri-Star Gymnastics and Carrel McCullar (landlord), their officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence on the part of Music City Gymnastics Inc., dba Tri-Star Gymnastics, its owners, officers, agents or employees.

I have read and understand the risks and terms explained above and I accept the risks and terms with my signature.

Child/rens Names: _____

Parent Signature: _____ Date: _____