

WAIVER RELEASE FORM

Open Gym/Private/Birthday Parties/Trial Lesson

MUST BE SIGNED AND RETURNED BEFORE ENTERING THE GYMNASIUM

PLEASE PRINT CLEARLY:

Child's First Last Name: _____ Age : __ DOB: _____

Parent/Guardian Name: _____ E-Mail _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Preferred Hospital: _____ Physician: _____

Are you a Flyaways Gold member? Yes No

RELEASE OF ALL CLAIMS FORM

In consideration of permission granted to my child(ren) by Flyaways Gold Gymnastics Inc., and MD2B Inc. to participate in gymnastics & related activities under their supervision, I hereby release and discharge Flyaways Gold Gymnastics, Inc., and MD2B Inc. of Forest Lake, MN, it's and their agents, employees, officers, shareholders, directors, successors and assigns from any and all claims, demands, judgments and executions which the undersigned and/or the undersigned's child and/or the undersigned's family had may have, or claim to have, against Flyaways Gold Gymnastics, Inc., and MD2B their agents, employees, officers, shareholders, directors, successors and assigns, for all personal injuries, property damage and other damages, known or unknown, real or personal, caused by or arising out of the above-described gymnastics or related activities. I further agree to indemnify and hold Flyaways Gold Gymnastic, Inc., and MD2B Inc., and their agents, employees, officers, shareholders, directors, successors and assigns, harmless from and against any and all such claims, injuries or damages.

I give permission to Flyaways Gold Gymnastics Inc., and MD2B Inc., to take whatever emergency (e.g. first aid, disaster evacuation) measures that are judged necessary for the care and protection of my child(ren) while under the supervision of the center.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of your primary medical coverage.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before notifying the parent, child's physician, and/or other adult acting on the parent's behalf.

I, the undersigned, have read this release and understand its terms. I execute it voluntarily and with full knowledge of its significance.

WARNING! CATASTROPHIC INJURY, PARALYSIS OR DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THIS ACTIVITY.

DATE

SIGNED:

Month /Date/Year

(Parent or Guardian)