# Precision Gymnastics

# Medical Release Form

**PARTICIPANT INFORMATION:**

**Student Name**: _____Home Phone (____) _____
        (**Last**)                                        (**First**)

**Address**: _____
        (Number/Street)                                        (City)                                (Zip)

**Family E-mail Address**_____

**Date of Birth**: _____/_____/_____  Age: _____  **Please Circle**:    Male/ Female

**PARTICIPANT/PARENT INFORMATION:**
**Mother**/Guardian_____ Home Phone: _____
        **Date of Birth**: _____/_____/_____

        Work Phone/Cell: _____

**Father**/Guardian_____ Home Phone: _____
        **Date of Birth**: _____/_____/_____

        Work Phone/Cell: _____

**#1** Emergency Contact/Relationship: _____/_____Phone: _____

**#2** Emergency Contact/Relationship: _____/_____Phone: _____

**INSURANCE INFORMATION**
Medical Insurance Carrier: _____ Insurance Group/Plan Number _____

Address/Phone number: _____

*By signing this notice, I hereby consent for my child to be treated by any medical personnel summoned by Precision Gymnastics, if my child is injured and I cannot be contacted. I also agree to the Guidelines and Policies stated by Precision Gymnastics, Inc.*

| Parent/Guardian | Relationship | Date |
|---|---|---|
| | | |

### Acknowledgment of Risk and Waiver of Liability

I hereby consent to the above named person participating in the programs offered by Precision Gymnastics. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis or death, can occur in any activity involving height or motion, including gymnastics. **I UNDERSTAND AND ACCEPT THAT RISK**. I also realize that my child will be performing and training on all gymnastics events plus other training devices, including the trampoline.
I further understand that while the payment of tuition and registration fees constitutes a part of the consideration due to Precision Gymnastics for allowing my child to use the facilities and equipment at Precision Gymnastics, an additional and important part of the consideration due Precision Gymnastics is this signed release form.

Therefore, in consideration for allowing my child to use Precision Gymnastics' equipment and facilities, I hereby forever release Precision Gymnastics, its owners, officers, employees, teachers and coaches from all liability for any and all damage and injuries suffered by myself/my child while under the instruction, supervision, or control of Precision Gymnastics, its owners, officers, employees, teachers or coaches.
As the parent or legal guardian of the aforementioned person, I hereby agree to individually protect for the possible future medical expenses, which may be incurred by myself/my child as a result of any injury, sustained while training at, for, or under the direction of Precision Gymnastics.
This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

| Parent/Guardian | Relationship | Date |
|---|---|---|
| | | |

### Please note any pre-existing medical conditions (i.e. asthma, diabetes, etc.)

# Visual Image Release Form

**Precision Gymnastics**

The best part of working at Precision is watching your child's progress in class and the fun that they are having.  From time to time we take photos of various happenings in our gym.  These photos may be posted on the bulletin boards in our gym or used in a Power Point (or similar) program to play in our Observation Room.  When we have exceptional photos, we like to make copies of them and give them to that child's parent(s).  We do NOT pass out your child's image to anyone without your *expressed* permission.  We will NOT use your child's image on our website without your permission unless the image is such that your child is not identifiable (i.e., a shot from across the gym of a group of children whose faces cannot be identified, or perhaps a blurred action shot).  We are parents too, and have the same concerns as you.

With this in mind, do we have permission to take photos (or digital images) of your family?

Yes, you have my permission ⭐_____  _____
                                                           Signature                                                    Date

OK, and now for the legal stuff:

 I release Precision Gymnastics and its employees and agents from any claims, damages or liability arising from the use of the images.

I am 18 years of age or older and competent to sign this release.  I have read this release before signing. I understand its contents, meanings, and impact and I freely accept the terms.

⭐_____  _____
Signature                                                                               Date

Please print your name: _____

***I have read and understand the General Policies and Guidelines for Precision Gymnastics.***

⭐_____  _____
Signature                                                                               Date

**Revised September 2008**