

SUMMER PROGRAMS WAIVER

Mr. Todd's Membership Agreement - Waiver/Release Form

Read the following carefully and sign below. NOTE: Parent signs if student is under 18 years.

Agreement

In consideration of my membership in **Mr. Todd's Gymnastics**, and my participation in **Mr. Todd's Gymnastic** classes, events, and activities, I agree to be bound by each of the following:

- 1) **Eligibility:** I agree to comply with the rules of **Mr. Todd's Gymnastics**.
- 2) **Readiness to Participate:** I will only participate in those **Mr. Todd's Gymnastics** classes, events, competitions, and activities for which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
- 3) **Medical Attention:** I fully understand that **Mr. Todd's Gymnastics** staff members are not physicians of medical practitioners of any kind. With the above in mind, I hereby release the **Mr. Todd's Gymnastics** staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the **Mr. Todd's Gymnastics** staff to seek medical help, including calling of an ambulance for said child should the **Mr. Todd's Gymnastics** staff deem this to be necessary.
- 4) **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.
I further agree that the **Mr. Todd's Gymnastics**, and the sponsor of any **Mr. Todd's Gymnastics** event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.
- 5) **Parents should** make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.
- 6) **The Mr. Todd's Gymnastics**, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.
- 7) **I also affirm** 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.

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, camp, competitions, and activities conducted by **Mr. Todd's Gymnastics**.

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

Printed name of Athlete _____

Signature of Athlete 18 years of age _____

Date: _____ / _____ / _____ : Phone Number _____

Address: _____