

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

## **Club Waiver and Release Form For TRI-STAR GYMNASTICS, INC.**

I agree that my child (or children) as listed on the back of this form may participate in class at Tri-Star Gymnastics. I fully understand that Tri-Star Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Tri-Star 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 Tri-Star Gymnastics staff to call our doctor and to seek medical help, including transportation by a Tri-Star Gymnastics Staff member and or its representative, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Tri-Star Gymnastics staff deem this to be necessary.

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

We, the staff at Tri-Star Gymnastics recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, tumbling and cheerleading can be dangerous and can lead to injury.

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.

The Tri-Star Gymnastics Club, 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 family fun, 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.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Tri-Star Gymnastics, Inc. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Tri-Star Gymnastics, Inc and or its representatives whether paid or volunteer.

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.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Tri-Star will only warn the child through "Safety Messages" and our teaching style and progressions.

List any physical disability, allergy, mental challenge that may deter your child from full participation in class:

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We, Tri-Star Gymnastics coaches, occasionally give a popsicle or candy for meeting a challenge. Do we have your permission to do so? Yes \_\_\_\_\_ NO \_\_\_\_\_

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