

PARRY'S GYMNASTICS, LLC

Student Information & Release Form

Student Name: _____ Age: _____ DOB: _____ M / F

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Student lives with: _____ Email: _____ L R handed
Print clearly please *circle one*

Cell Mother: _____ Cell Father: _____ Home: _____

Work: _____ Other Contact: _____ Cell: _____
Name / relation

Doctor's Name: _____ Phone: _____ Start date: _____

Please circle Y (yes) or N (no) to indicate your response to the questions below. If yes, please explain on back of this form. Any intolerance to drugs or medication? **Y/N** Any previous illness or injury we should be aware of? **Y/N** Any restrictions? **Y/N** Is there anything else we should know about this child related to his/her well-being **Y/N** (*Explain on back*)

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

I hereby allow staff of PG to, in the event of any injury or illness, and if deemed necessary by the PG staff to call a doctor or seek emergency medical help, including transportation by an ambulance to any healthcare facility or hospital, for said child if PG staff deem this necessary. I hereby give permission to a physician and/or healthcare facility selected by the responding ambulance to admit and secure proper emergency medical treatment for my child, including anesthesia, or emergency surgery if deemed absolutely necessary by the physician or healthcare professional. **Note:** Every attempt will be made to contact parent /guardian before taking any of the above measures.

Signature of parent or guardian _____ **Date** _____

RELEASE & WAIVER OF LIABILITY, WARNING /ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

1. Registrants are advised to have their own hospitalization, medical, health and accident insurance coverage.
2. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and instructions. I understand the parent should warn the child according to what the parent feels is appropriate.
3. In consideration of participating in Parry's Gymnastics LLC classes, I represent that I recognize and understand that there are risks and hazards associated with the above stated activity. I understand my child (*listed above*) may suffer physical injury, possibly minor, serious or catastrophic in nature as a result of his/her actions, or inactions, those of others participating in this activity, the conditions in which the event takes place, or the negligence of the "releasees" named below. I am fully aware that this or any activity involving motion, body rotation, or height can be dangerous and can lead to such injury, even death. I also understand there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages incurred as a result of my child's participation in this activity.
4. I represent my child (*listed above*), to be in good health and physical condition and so qualified to participate in the above named activity.
5. I hear-by release, discharge, and covenant not to sue Parry's Gymnastics LLC, its respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and owners and lessors and owners of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability and claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any loss, liability, damage or cost, which any may incur as the result of such claim.

I certify I have read the above RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing this agreement.

Signature of parent or guardian _____ **Date** _____

Signature for above Waiver required for participation in any Parry's Gymnastics LLC Program

PUBLICITY AUTHORIZATION: I authorize use of photos and/or videos taken by Parry's Gymnastics LLC, of my child, to be used in media such as newspapers, brochures, website and other forms of publicity.

Signature of parent or guardian _____ **Date** _____