

LIABILITY WAIVER AND RELEASE FORM
HIGH DESERT GYMNASTICS CENTER, LLC

Last Name (please print): _____

I fully understand that High Desert Gymnastics Center, its coaches, or staff members, are not physicians or medical practitioners of any kind. With that in mind, I hereby release High Desert Gymnastics Center, its coaches or staff members, to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary to call and seek medical help, or the calling of an ambulance for said child or children.

We at High Desert Gymnastics Center recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, martial arts, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, tumbling, cheerleading, and martial arts can be dangerous and can lead to injury, paralysis and even death. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instruction.

High Desert Gymnastics Center or its coaches or staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, martial arts or dance instruction, 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, or in the gymnastics center parking area.

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 High Desert Gymnastics Center. I, my executors, and other representatives, waive and release all rights and claims for damages that my child or I may have against High Desert Gymnastic Center's coaches or staff, 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 or guardian's responsibility to warn the child about the dangers of the above mentioned activities and injury that could occur, according to what the parent or guardian feels is appropriate. High Desert Gymnastics Center's coaches and staff will only warn the child through "Safety Messages" and their teaching style and progressions.

Parent or Guardian Signature: _____ Date: ____ / ____ / ____
Parent Name Printed: _____

Name of Child(ren): _____
D.O.B.: _____ D.O.B.: _____ D.O.B.: _____

Name of Medical Ins. Carrier: _____ Group #: _____ Ins. Ph #: _____

Parent or Guardian Emergency Phone #: _____ Home Phone #: _____
Mailing Address: _____
E-mail Address: _____