

CINCINNATI GYMNASTICS
2015 – 2016 SPECIAL EVENTS RELEASE FORM
(PLEASE PRINT CLEARLY)

Child's Name: _____ Age: _____

Date of Birth: _____

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Date of Birth: _____

Phone Number: (____) _____ Emergency : (____) _____

Cell Phone or Pager # (____) _____

E-mail Address: _____

Address: _____

City/State _____ Zip: _____

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

Any medical problems we should be aware of?

How did you hear about us?

In consideration of the agreement of Cincinnati Gymnastics Academy (hereinafter CGA) to accept my child(ren) (hereinafter participant) as a participant in CGA activities, the parent or legal guardian of said participant hereby states that they understand that any activity involving height, motion, or rotation in an unique environment may cause the possibility of accidental injury, paralysis and even death. The undersigned voluntarily assume the risk of such injury to participant, his or her heirs, executors, successors and assigns from any and all liability, actions, claims and causes of action whatsoever on account of or in any way related to the participation or participant in CGA activities and does hereby agree to fully indemnify CGA for any medical expenses or other damages resulting from any such accidental injury to participant while training or performing at or for CGA, except where such expenses or damages are the result of the intentional or reckless conduct of CGA.

On many occasions newspapers, TV stations, etc., will visit CGA. They often take picture or videos of our classes or teams. Signing this release will include giving permission for us to possibly use you or your child's picture in promotion and advertising for the gym. It is understood that no compensation will be given by the gym or by the user of such picture.

This agreement and waiver having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I HAVE RECEIVED AND READ A COPY OF ALL CINCINNATI GYMNASTICS ACADEMY POLICIES AND AGREE TO ADHERE TO THEM, INCLUDING NO REFUNDS.

Date _____

Parent or Legal Guardian Signature _____

PERMISSION TO TRANSPORT CHILD

I give Cincinnati Gymnastics Academy my permission to transport my child:

(Name) _____ to (Hospital) _____

for emergency medical or to (Dentist, clinic) _____ for emergency dental, or to the nearest available source of assistance.

Parent's Signature: _____

Date _____

(List any facts to which a physician should be alerted):

