
Attendee Name (Last, First)

Parent/Guardian Name (Last First)

Home Phone #

Cell Phone #

Emergency Contact Name

Emergency Contact #

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 a gymnastics event. I further agree that Vernon Lee Amateur Gymnastics Academy, along with the employees, agents, officers and directors of this organization, 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 of individuals identified above.

Gymnast's Primary Medical Insurance Carrier

Insurance Policy Number of Group Number

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian

CONSENT

In the event that I cannot be contacted in an emergency situation, I hereby give the staff of Vernon Lee Amateur Gymnastics Academy permission to obtain whatever medical treatment deemed necessary for the welfare of my child. I understand that I will be financially responsible for all charges, regardless of weather or not my medical insurance covers such fees and charges.

Signature of Parent or Guardian

Date

I hereby acknowledge receipt of Vernon Lee Amateur Gymnastics Academy Safety Rules as well as their Statement of Policies.

Signature of Parent or Guardian

Photo Release Signature