

Blue Angels Gymnastics — Nonmember Waiver Form

Gymnast's Full Name: _____ Birthdate: _____

Parent/Guardian Name(s): _____

Address: _____

E-Mail: _____ Phone: _____

Emergency Contact and Relation: _____

Phone Number: _____

Preferred Hospital/Provider: _____ Medical Conditions/Allergies: _____

Gymnastics Class Registering for: _____

Comments: _____

Payment for any class must be made the first day of class. If not received by the second week, the gymnast will not be able to participate until paid in full.

Waiver of Liability and Assumption of Risk: I understand that participation in sports activities, including gymnastics can involve risk and possible injury. While the Coaches and Staff of BAGC are dedicated to providing a safe environment and the incident of injury is rare, I understand that accidents can occur which may result in serious or permanent injury. Even under the best of conditions, I understand there can be no guarantee of an injury free program. I release BAGC and its coaches and staff, from liability for any injury sustained by myself or my child while under their instruction, supervision, or control, and from liability for any medical or other expenses, which may result from injury. I agree to hold harmless and indemnify BAGC its coaches and staff for any losses, damages, attorney fee, and any other costs incurred in connection with claims of injury which may result from my child's participation in this program.

Authorization of Medical Care: In case of injury or illness while attending BAGC.

Parent Signature

Date