

## Heartland Gymnastics Waiver

I, (parent name) \_\_\_\_\_, understand and accept the conditions of the medical and liability release below and allow my child, \_\_\_\_\_ to participate in the gymnastics activity.

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies of Medical concerns: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

We, the staff of Heartland Athletic Club, Inc. recognize our obligation to make sure gymnastics activity hosts, participants, and parents are aware of the risks and hazards involved in the sport of gymnastics, tumbling, and trampoline. Participants, parents and attending visitors may suffer injuries, possibly minor or serious in nature. Gymnastics, tumbling and trampoline can be dangerous and lead to injury. Gymnastics activity participants, their parents, and host should be aware of the possibility of injury and are encouraged to follow all safety rules and supervisors' instructions. With the above in mind, and being fully aware of the risks inherent in the sport of gymnastics, tumbling and trampoline, all of which will be involved in this gymnastics activity, by signing below, I release Heartland Athletic Club, Inc., all employees including activity staff, from all claims on account of any injury which may be sustained by party participants, parents, and visitors while attending this activity.

Medical: I understand that the activity supervisor is not a practitioner of any kind. With this in mind, I hereby authorize by signing below, the activity supervisor to render temporary first aid to me or my child in the event of an injury or illness, and if deemed necessary, to call a physician by a Heartland Athletic Club, Inc., staff member or it's representative, whether paid or volunteer, or the calling of an emergency vehicle/ ambulance for said person should the activity supervisor deem necessary.

Insurance: By signing, I affirm that I now have proper primary medical, health, hospitalization and accident insurance, which I consider adequate for participants' protection. I believe the participants to be qualified, in good health and proper physical condition to participate in all activities.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_