



ACKNOWLEDGEMENT OF RISK AND WAIVER LIABILITY

Please read carefully before signing.

In Consideration of being permitted to enroll for gymnastics, tumbling, trampoline, cheerleading, and dance instruction and participate in the sport at Deltchev Gymnastics Academy, the Parents and or Legal Guardians of the minor participant named below each individually:

Minor's Full Name	Gender	Date of Birth	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Understand there are certain risks of bodily injury including death inherent in the practice and play of gymnastics, tumbling, trampoline, cheerleading and dance, as well as, in traveling and other related activities to my child's participation, and I am willing to assume full responsibility for these risks in behalf of my child.

Hereby give my full consent and approval for my child to participate in gymnastics, tumbling, trampoline, cheerleading and dance at Deltchev Gymnastics Academy.

Hereby waive, release, hold harmless and covenant not to sue Deltchev Gymnastics Academy, its owners, officers, coaches, sponsors, supervisors and all other representatives with the corporation for all claims made on account of an injury suffered by child in the normal course or participation in gymnastics, tumbling, trampoline, cheerleading, dance and related activities of Deltchev Gymnastics Academy whether the result of negligence while under the instruction, supervision or control.

Hereby agree to reimburse Deltchev Gymnastics Academy and their insurance company for any money, which they pay to the participant, if the participant makes a claim against Deltchev Gymnastics Academy despite this agreement.

PERMISSION TO ADMINISTER EMERGENCY TREATMENT

In my absence, and as parent or legal guardian of aforementioned minor(s), I hereby grant my permission, in the event of injury or sickness, to have the necessary emergency medical treatment administered to my child by a trained medical professional. In addition, in my absence, I also grant my permission to have my child transported to a hospital, doctor's office, or emergency clinic in the event of such injury or sickness at _____ (hospital of choice).

I have read and completely understood the contents of this waiver of liability and permission to administer emergency treatment. It is signed voluntarily as to its contents and intent.

Medical conditions to which you should be alerted:

Allergic reactions:

Any regular medications:

Medical Insurance Co.

Child's Name

Policy #

Phone #

Parent Guardian Signature

Work or Cell Phone

Date

Printed Parent Guardian Name

Address

How did you hear about us?

Occupation