

# CHAPEL HILL GYMNASTICS WAIVER AND MEDICAL RELEASE

CHILD NAME	SEX	AGE	/ / D.O.B.	HOME PHONE
STREET ADDRESS	CITY	ZIP	MEDICAL NOTES	
PARENT/GUARDIAN NAME	WORK PHONE		CELL PHONE	
PARENT/GUARDIAN NAME	WORK PHONE		CELL PHONE	
EMAIL ADDRESS				
EMERGENCY CONTACT NAME	HOME PHONE		WORK/CELL PHONE	

## ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL RELEASE

Please read before signing below

As legal guardian of \_\_\_\_\_, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in any activity involving contact sports, height or motion, including but not limited to use of all Olympic events (vault, bars, balance beam, floor exercise, and trampoline), plus other various training devices including the tumble track, training mats, training pits, and climbing rope.

In consideration for allowing my child to use these facilities, I hereby forever release CHGym LLC., dba Chapel Hill Gymnastics, or dba Chapel Hill Martial Arts, its owners, employees, teachers, coaches, volunteers, and all others associated with the corporation from all liability for any and all damages and injuries suffered by my child while participating in the programs of Chapel Hill Gymnastics or Chapel Hill Martial Arts, including transportation to and from activities, and I do further expressly covenant and agree not to sue any of the above for any such injury or alleged liability.

I acknowledge that gymnastics and karate are strenuous, physical sports, and I certify that my child is in good health and physical condition and is fully able to participate in the programs of Chapel Hill Gymnastics and Chapel Hill Martial Arts, and will maintain that physical condition so long as he/she participates in the programs.

Should my child become ill or injured while participating in an authorized gymnastics or karate activity and I and/or my child's guardian(s) are not available, I hereby grant any administrative director, staff person, agent or employee of Chapel Hill Gymnastics or Chapel Hill Martial Arts the authority to obtain the emergency medical attention they deem necessary. As legal guardian of the aforementioned person, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained in training or performance for Chapel Hill Gymnastics or Chapel Hill Martial Arts. I have read and understand this acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

I further agree to abide, and to see that my child abides by all rules, regulations, and policies of Chapel Hill Gymnastics and Chapel Hill Martial Arts. I have read, fully understand and will voluntarily sign the Acknowledgement of Risk, Waiver of Liability and Medical Release as stated above.

Parent or Legal Guardian Signature: \_\_\_\_\_

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