



OPEN GYM
GUEST INFORMATION/WAIVER

Child's name: _____ D.O.B: ____/____/____

Parent/Legal Guardian: _____ Cell: _____

Preferred Email: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____

Medical Conditions (allergies, asthma, etc): _____

Have you ever been to Carousel Gymnastics (circle one): Yes / No

How did you hear about Carousel Gymnastics: _____

----- WAIVER -----

ASSUMPTION OF RISK – WAIVER OF LIABILITY – MEDICAL AUTHORIZATION – PHOTO RELEASE

1. I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, and trampoline. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any program or activities with Carousel Gymnastics I ACCEPT ALL RISKS associated with such participation.
2. In consideration for my for child(ren)'s participation I hereby, myself and my child(ren) PROMISE NOT TO SUE and FOREVER RELEASE Carousel Gymnastics, their respective owners, directors, employees, and volunteers from all liability resulting from damages or injuries as a result of participation including those resulting from acts of negligence.
3. In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical attention and I hold Carousel Gymnastics and their representatives harmless in the execution of such. In addition, I agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at Carousel Gymnastics.
4. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me or my child(ren) participation I hereby grant my permission for my child's likeness to be used in Carousel Gymnastics publicity or advertising.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION and PHOTO RELEASE. I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN'S signature

Date _____