

Recreational Waiver

\$40 Registration per child

1st Participating Child's Name _____ Date of Birth _____
2nd Participating Child's Name _____ Date of Birth _____
3rd Participating Child's Name _____ Date of Birth _____

Parent/Legal Guardian's Name _____
Address _____ City _____
Zip Code _____ E-mail _____
Address _____
Phone Number _____ Cell Phone _____

Medical Conditions or Allergies (please list which child) _____
Alternate Emergency Contact Person _____ Phone: _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

I _____ (please print name), the parent/guardian of _____, give permission for my child(ren) to participate in classes/events conducted at Gymnastic Dreams. I understand and accept the potential severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading and parties. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Gymnastic Dreams programs and activities and **I ACCEPT ALL RISKS** associated with that participation. I, on the behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby **CONVENANT NOT TO SUE** and **FOREVER RELEASE** Gymnastic Dreams, its officers, directors, shareholders, employees and agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Gymnastic Dreams including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In case of medical emergency, I understand that my child may be transported to an appropriate medical facility by a local emergency unit for treatment. The child will be treated and transported at the expense of myself or my health insurance. I understand that in some medical situations, Gymnastic Dreams staff will need to contact the local emergency resources prior to notifying the parent, physician, or other adult acting on the child's behalf.

By signing this waiver you are also granting your permission for you and your child(ren) to be filmed, videotaped, audio taped or photographed by any means and are granting full use of your child's likeness, voice and words without compensation.

I have read and understand this **ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION**. I have **VOLUNTARILY** affixed my name in agreement and agree to all terms listed above.

X _____
Parent or Guardian Signature _____ Date _____

Important Note: Due to a strict insurance policy every class participant must have this waiver signed by a parent/guardian and on file at Gymnastic Dreams. **Children without a waiver unfortunately will not be able to participate in the gym activities.** Any child under the age of 4 must be accompanied by an adult. If your child requires an inhaler, you are required to stay with him/her or get a doctor's release.

Adults are not allowed on gymnastics floor/equipment unless supervising a child who is under the age of 4. For safety purposes do not distract or talk to gymnasts/coaches on the floor/equipment.

Gymnastic Dreams 12830 Wayne Road, Livonia, MI. 48154