

Dana Mannix Gymnastics Center Birthday Party Release Form

Student's Name _____ Birthday/Age _____

Address _____ City _____ ST _____ Zip _____

Home Phone _____

- No students are to be on the gym floor unless accompanied by an instructor.
- Parents are invited to observe classes from the observation area. No parents or siblings are allowed on the gym floor or equipment.

Waiver and Release Form

I fully understand that Dana Mannix Gymnastics Center, Inc. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Dana Mannix Gymnastics Center, Inc. staff to render temporary first aid to my child or children in the event of any injury or illness and if deemed necessary by Dana Mannix Gymnastics Center, Inc. staff, to call our doctor and to seek medical help, including transportation by a Dana Mannix Gymnastics Center, Inc. staff member or its representatives, whether paid or volunteer to any health care facility or hospital, or the calling of an ambulance for said child should Dana Mannix Gymnastics Center, Inc. staff deem this to be necessary.

Parent/Guardian Signature: _____ Date: _____

We, the staff at Dana Mannix Gymnastics Center, Inc., recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of tumbling, gymnastics and open gym. Students may suffer injuries, possibly minor, serious, or catastrophic in nature.

Parents should make their children aware of the possibility of injury and encourage children to follow all safety rules and the coaches' instruction.

Dana Mannix Gymnastics Center, Inc., its coaches, and other staff members will not accept responsibility for injuries sustained by any student during the course of tumbling, gymnastics or open workouts, or in the course of any exhibition, competition or clinic in which he or she may participate.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Dana Mannix Gymnastics Center, Inc. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child have against Dana Mannix Gymnastics Center, Inc. and/or its representatives, whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage that I consider adequate for both my child's protection and my own protection.

I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Dana Mannix Gymnastics Center, Inc. will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent/Guardian Signature: _____ Date: _____