

Santa Cruz Gymnastics Center
2750-B Soquel Avenue Santa Cruz CA 95062
(831) 462-0655 – www.scgym.com

Name of Birthday Child: _____

Date of Party: _____

Participants Name _____

Participants Name _____

Printed Name Parent/Guardian _____

Home Address _____

Phone _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

*As the legal guardian of the persons listed above, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheer-leading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Santa Cruz Gymnastics Center, Inc. programs and activities and I ACCEPT ALL RISKS associated with that participation.

*In consideration for allowing the above mentioned person(s) to use these facilities, I, on my own behalf and the behalf of the above mentioned person(s) and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Santa Cruz Gymnastics Center, Inc., its officers, directors, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by the above mentioned person(s) while under the instruction, supervision, or control of Santa Cruz Gymnastics Center, Inc. including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

*In the event of an emergency I would like the above-mentioned person(s) to be taken to a hospital for medical treatment and I hold Santa Cruz Gymnastics Center, Inc. and it's representatives harmless in their execution of this action. Additionally, 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 while participating at Santa Cruz Gymnastics Center, Inc.

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

PARENT OR GUARDIAN NAME

DATE