

Santa Cruz Gymnastics Center, Inc.

Camp Waiver

Camp _____ Date _____

Name of Participant(s) _____ Sex _____ Age _____ Date of Birth _____

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Parent/Legal Guardian Name: _____ Telephone # _____

Address: _____ City _____ Zip Code _____

Email Address: _____

In consideration of participation in a Gymnastics Camp at Santa Cruz Gymnastics Center, Inc. the above mentioned participant(s) and their parent/legal guardian agree to the following:

Assumption of Risk

As the Parent/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. We fully understand that the social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe. We also understand there may be other risks not known to us or not reasonably foreseeable at this time.

RELEASE OF LIABILITY

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.

Medical Authorization

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.

PUBLICITY RELEASE

As the legal guardian of the participant listed above, I hereby consent to the use, by the SCGC Program, or anyone it authorizes, of any and all photographs, tapes, or other representations, and any reproductions thereof for the purpose of promotion (including sale, publication, display, and exhibition) without compensation. I also agree to the use of the participants name in connection with any such materials. I agree that such materials and negatives shall constitute SCGC property, with full right of distribution.

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

Signature of Parent/Legal Guardian: _____ Date _____