

# Santa Cruz Gymnastics Center, Inc. Consent and Assumption of Risk Statement

Special Event \_\_\_\_\_ Date \_\_\_\_\_

Name of Participant(s) \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_

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In consideration of attendance at Santa Cruz Gymnastics Center, Inc., and being allowed to participate in Santa Cruz Gymnastics Center, Inc. events and/or activities, the participant(s) named above agrees to the following:

1. Participant should inspect the facilities and equipment to be used and if he or she believes anything is unsafe shall immediately advise the instructor of such condition and refuse to participate.
2. Participant is instructed to and shall carefully review and follow all Santa Cruz Gymnastics Center, Inc. Safety Guidelines.
3. Participant fully understands that:
  - a. There are risks and dangers associated with participation in gymnastic events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death.
  - b. The social and economic losses and/or damages, which could result from those risks and dangers described above could be severe.
  - c. These risks and dangers may be caused by the negligence of the participant or the negligence of others; and
  - d. There may be other risks not known to us or not reasonably foreseeable at this time.
4. Participant accepts and assumes such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of Santa Cruz Gymnastics Center, Inc., other participants, coaches, instructors, officials, sponsors, advertisers, owners, and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents, and employees.
5. I agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by Santa Cruz Gymnastics Center, Inc.

**I HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY.**

Address of Participant(s) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date \_\_\_\_\_

Printed Parent or Guardian Name \_\_\_\_\_ Tele# \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_