

BRAZOS VALLEY GYMNASTICS (BVGC)

Release Form

Students name: _____ Age: _____ D.O.B: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Emerg. phone: _____

Email: _____

Parents' name: _____

WARNING

By the very nature of the activity, gymnastics/tumbling and cheerleading carries a risk of physical injury. No matter how careful the athlete and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head.

You hereby agree to waive any claims or rights that you might otherwise have to sue us (Brazos Valley Gymnastics), our employees, owners or officers for injuries that may occur as a result of any activity conducted at the Brazos Valley Gymnastics Center. You assume all liability and risk.

Signature of
parent/guardian: _____ Date: _____

Signature of athlete: _____ Date: _____

Policy on Athletic Injury

If injury should occur to the above named while participating in any BVGC activity, I hereby authorize BVGC to make use of my insurance policy. I understand that payment will be made directly to the doctor or hospital. Should the insurance not make full payment, I will accept the remainder of the responsibility.

Signature of parent/guardian: _____

Signature of athlete (if adult): _____

Legal Authorization for Treatment of Injury in Case of Unavailability of Parent or Guardian

I, _____ the parent/guardian of _____ do hereby authorize our family doctor, or if not available, the attending physician on duty, to administer medical attention. The above mentioned is only in case if parent or guardian is not available.

Signature of parent/guardian: _____

Preferred Physician: _____ Phone# _____

Please use the space below to list any medical and/or physical conditions which may limit your child's participation (disabilities, allergies, heart problems etc.).