PLEASE PRINT

Medical Release and Waiver Today's Date: _____

Gymnast Name: _____ M / F (Circle one) Birth Date: _____

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Gymnast Name: _____ M / F (Circle one) Birth Date: _____

Gymnast Name: _____ M / F (Circle one) Birth Date: _____

□ Open Gym □ Camp/Clinic □ Birthday Party □ Kids Night Out

Allergies/ Special Health Concerns: _____

Guardian #1 Name: _____ Relationship to Student: _____

House Phone: (_____) _____ Cell: (_____) _____ Texting: Y/N

Email: _____

Address: _____City/State: _____ Zip: _____

Guardian #2 Name: _____ Relationship to Student: _____

House Phone: (_____) _____ Cell: (_____) _____ Texting: Y/N

Email: _____

How did you hear about us: □ Website □ Current Member □ Birthday: _____

□ Facebook □ Open Gym □ Current Member: _____□ Employee: _____

MEDICAL RELEASE AND WAIVER

It is my wish to allow _____, a minor child under the age of eighteen years to participate in activities at V-Force Elite Gymnastics (hereinafter "V-Force"). I understand that dangers and risks of my child's participation in activities include, but are not limited to death, serious neck or spinal injury, which may result in paralysis, brain damage, serious injury to all internal organs, injury to all bones, ligaments, muscles tendons, and other aspects of my child's body. I understand that the dangers and risks of playing or participating may result not only in serious injury, but in serious impairment of future ability to earn a living, engage in business, and generally enjoy life. Knowing the risks described above, I do voluntarily and on behalf of my minor child, assume all risks of any and all injuries or harm to my minor child while he/she is participating in such activities and/or while being present when other people participate in activities regardless of whether the injury is the result of negligence, gross negligence or other fault of my minor child, V-Force, V-Force's members and officers

or any other person with the exception of acts done to intentionally cause my minor child harm, or fraudulently done or done in violation of law. I hereby do (**WRITE THE WORD "RELEASE" IN THE FOLLOWING BLANK SPACE) _____** V-Force, V-Force's officers, directors and members from all liability on account any injuries or damages arising from my participation in and/or presence at all such gymnastic related activities.

MEDICAL TREATMENT RELEASE:

In the event of an accident or illness, V-Force and/or employees or officers have my permission to secure medical attention for my child, if they are unable to contact me immediately. Any attending physician(s) has my consent to administer all emergency medical measures which he or she deem necessary for the well-being of my child.

Parent/Guardian Signature:_____

PHOTOGRAPHY RELEASE:

I hereby grant permission on behalf of myself and my family to be photographed by Vforce staff, parents, or contracted photographers at any time during instruction, or at any onsite or offsite event in which 1 or our family participate. I further grant my full permission to V-Force to copyright, use, reproduce, publish or display all photographs taken of myself or my family for advertising, marketing and, public performances or displays. It is my understanding that all photographs taken by the photographer will be copyrighted, that no fee will be charged by me or my family for our services, and that all photographs may be published at any future time. I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND ITS CONTENTS. (Parent's Initial: _____)

Policies at V-FORCE Elite

Attire: Hair must be tied up. No jewelry allowed. It is recommended that girls wear a one-piece leotard. Fitted shorts or footless tights are accepted. Boys should wear a t-shirt and fitted shorts or sweat pants. Zippers, buckles, or buttons on the students' clothing should be avoided. Long hair needs to be secured back out of the student's face. No rings or other jewelry while in class. No shoes on the gym floor (Parent's Initial: _____)

Safety: Only registered students are allowed on the gymnastics floor. Children must be escorted into and out of the gym by an adult and must be accompanied by a coach when on the gym floor. Students are not allowed to wait in the parking lot. Parents watch classes from the waiting areas and are only allowed in the gym area when accompanying children enrolled in a Tiny Tots class or during Birthday Parties. V-Force reserves the right to remove students from the gym area if they are deemed to be a danger to themselves or others, arising from disobedient, defiant or disrespectful behavior. (Parent's Initial: _____)

Snacks: No food, drinks, or gum is allowed on the gym floor. When eating in the lobby, please help keep the area clean. (Parent's Initial: _____)

I have read the rules and policies of the gym and in particular know my responsibilities and requirements.

Parent/Guardian Signature_____ Date_____