



## TEXAS TUMBLERS WAIVER

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Student's Last Name	First Name	Sex	Age	Today's Date
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Mother's Name _____	2nd Child	Sex	Age	Home Phone _____
Father's Name _____				Cell Phone _____
Person to reach in case of emergency if you cannot be reached _____				Phone # _____

As legal guardian of \_\_\_\_\_ I hereby consent to the aforementioned person participating in Texas Tumblers Gymnastics classes and activities. I recognize that potential severe injury, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and related activities such as tumbling and trampoline.

I understand that it is the express interest of Texas Tumblers Gymnastics to provide for the safety and protection of my child, and in consideration for allowing my child to use these facilities; I hereby release forever its officers, employees, teachers, and coaches from any liability for any and all damages and injuries suffered by my child while under the instruction of Texas Tumblers Gymnastics. I give Texas Tumblers Gymnastics permission to transport my child. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for Texas tumblers Gymnastics.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

How did you hear about Texas Tumblers? \_\_\_\_\_

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Signature of Parent of Legal Guardian

Date

### MEDICAL HISTORY

#### Permission for Medical Treatment

I authorize the necessary steps regarding medical attention and will allow authorized hospital facility and I authorized hospital facility and staff to treat my child for any illness or injury he/she has.

Past injuries/special information we should know about: \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Phone # \_\_\_\_\_

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Signature of Parent of Legal Guardian

Date