

# Universal Gymnastics and All Star Cheer

## **ACKNOWLEDGMENT OF RISK AND WAIVER**

### **Participate Information**

Last Name:	First Name:
Date of Birth:	Start Date:

### **Responsible Party**

Responsible Party Name:	
Phone:	Email:

### **Emergency Contact Information**

Emergency Contact Name:	
Phone:	Relationship:

### **Release of liability**

I warrant and declare that the participant is in good health. If the participant is a minor, I also give my consent in the above-mentioned activity, and for any necessary medical treatment.

**SIGNATURE (PARENT/GUARDIAN)** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### **WAIVER**

By the very nature of the activity, gymnastics, cheerleading, and fitness carry a risk of physical injury. No matter how many spotters are used, no matter what height the equipment used or what landing surfaces exist, the risk cannot be eliminated. The risk of injury not only includes minor injuries such as bruises and more serious injuries such as broken bones, dislocation and muscle pulls, but also may include catastrophic injuries such as permanent paralysis or even death from landings or falls on the back of the head.

I, **(Parent/Guardian)** \_\_\_\_\_, have read and understand the assumption of the risk and understand all of its terms and hereby execute it voluntarily with full knowledge and understanding of its significance. I have advised my minor child of the risks involved.

I, the parent or guardian of **(Child)** \_\_\_\_\_ our minor child, all owners and employees of Universal Gymnastics 2245 N Kiowa Blvd. Lake Havasu City AZ 86404, from any and all damages and personal injury that may occur. This is a FULL release of any and all claims given consideration for Universal Gymnastics, its owners and/or employees.

I authorize my child to be included in photography or videos that may be used on business website or social media. If you do not want your child in any of these please let us know at registration.

**SIGNATURE (PARENT/GUARDIAN)** \_\_\_\_\_ **DATE:** \_\_\_\_\_