

**Central Illinois Athletics**  
1 Cottonwood Drive 2877 N. Dirksen Pkwy  
Chatham, Illinois Springfield, Illinois  
(217)718-5191  
www.iflipcia.com  
Email: Info@iflipcia.com



- 3 for \$30
- Open Gym
- Birthday Party
- Camp/Clinic
- Evaluation

## Waiver Form

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ IL Zip: \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Does your child participate in tumbling, dance, gymnastics now? If so, where: \_\_\_\_\_

Occasionally we will add photos of the gym, squad members, camps, birthday parties etc, to our brochures and website. I authorize CIA to use photographs, video or other likeness of my child for use in its promotional materials and waive any rights of compensation or ownership thereto. I am fully aware and understand that there are risks involved in any sport my child participates, especially, tumbling and trampoline. Any activity involving motion, height, rotating, jumping, flipping, and movement activities creates the possibility of injury including but not limited to bumps, bruises, cuts, scrapes, scars, broken bones, sprains, strains, paralysis, permanent injury of limbs, neck, back, and even catastrophic injury. I agree to let my child participate in the CIA program understanding these risks. I agree to hold the owners, staff, officers, representatives, and landlord harmless for any injury or resulting medical expenses and release and discharge all rights and claims. In the event of an injury or emergency I authorize CIA staff to consent to medical treatment when I cannot be reached. This waiver is in effect for one year from today's date.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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