

GRAND RAPIDS

G★R★G

GYMNASTICS

Permission Slip

Child's Name _____

Phone Number _____

E-Mail _____

CONSENT OF PARTICIPATION - As legal guardian of the above athlete(s), I hereby consent that the athlete listed above is allowed to participate in the Grand Rapids Gymnastics programs. I recognize the potential of severe injury, including but limited to permanent paralysis or death can occur in an activity involving height or motion, including dance, gymnastics, tumbling, trampoline, martial arts, and stunting. I understand that it is the express intent of Grand Rapids Gymnastics, its owners and employees to provide for the safety and protection of my child(ren) and in consideration for allowing my child(ren) to use these facilities, I hereby forever release Grand Rapids Gymnastics, it's members, employees, instructors and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, and/or control of Grand Rapids Gymnastics. As legal guardian or parent of the aforementioned athlete(s), I hereby agree to provide for the possible future medical expenses which may be incurred by my athlete(s) as a result of any injury sustained while training at or performing for Grand Rapids Gymnastics. This acknowledgement of risk and waiver liability having been read thoroughly, understood, and agreed upon completely is signed voluntarily to its content and intent.

PHOTOGRAPHY RELEASE - I give permission to Grand Rapids Gymnastics and its' agents to photograph or video my child for promotional use (i.e. - Newspaper, TV ads, Website, fliers, etc.)

AUTHORIZATION OF MEDICAL CARE - in the event of illness or injury during participation with Grand Rapids Gymnastics class or event and a parent cannot be reached, the staff of Grand Rapids Gymnastics may authorize medical care and treatment and/or ambulance transportation for the above named participant.

Parent Signature

Date