USA GYMNASTICS MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

- 1. I/we fully understand and will instruct the minor participant that:
- a. there are risks and dangers associated with participation in gymnastics events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis death;
- b. the social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe;
- c. these risks and dangers may be caused by the negligence of the participant or the negligence of others; and d. there may be other risks not known to us or not reasonably foreseeable at this time.

I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by negligence of the USA Gymnastics, its member clubs, event hotels, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents and employees. In the event of an emergency, we authorize the U. S. Gymnastics Training Center to secure treatment by an accredited hospital and/or physician deemed necessary for the immediate care of our child/children and that we will be responsible for payment of medical services rendered. I agree to allow AUSGTC to use photographs including the above named minor to be used for marketing purposes.

Parent Signature:	Date:	
	SSION TO PARTICIPAT THE DAY OF THE OP	
Parents Name:		
Emergency contact day of party	y:	
Childs Name:	Allergies:	
Birth Date:	M	ale or Female
Address:	City:	
Phone Number (cell):	Other:	
Email:		
Siblings Name:	Birth Date:	Allergies
Siblings Name:	Birth Date:	Allergies
Have you been to o	ur facility before?	YES NO

Would you like us to call you to arrange a FREE LESSON? YES NO