

**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.

Parent Signature: _____ Date: _____

**PERMISSION TO PARTICIPATE
BRING TO GYM THE DAY OF THE EVENT**

Parents Name: _____

Emergency contact day of event: _____

Childs Name: _____

Birth Date: _____ Male or Female

Address: _____ City: _____

Phone Number (home): _____ Other: _____

Siblings Name: _____ Birth Date: _____

Siblings Name: _____ Birth Date: _____

Siblings Name: _____ Birth Date: _____

Have you been to our facility before? YES NO