

**AGA Gymnastics * 6210 Lehman Drive * Flint, MI 48507
810-234-8800**

Participation Waiver

Acknowledgement of Risk, Waiver of liability, Medical Authorization

As legal Guardian of _____, I agree that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, or cheerleading. Being fully aware of the dangers, I voluntarily consent to the aforementioned person participating in any and all AGA Gymnastics programs and activities and accept all risks associated with that participation.

In consideration for allowing my child to use the facilities, I on my own behalf and of my child and our respective heirs, administrators, executors, and successors, hereby forever covenant not to use AGA Gymnastics its Officers, Directors, Shareholders, Employees, Volunteers and all other associated with the corporation from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of AGA Gymnastics.

In the event of an emergency, I would like my above-mentioned child to be taken to a hospital for medical treatment and I hold AGA Gymnastics and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of the injury associated while participating at or for AGA Gymnastics.

I have read and understand the **acknowledgement of Risk, Waiver of Liability, and Medical Authorization**, I sign my name in agreement.

Parent or Legal Guardian Signature _____ Date _____

Participants Name, first and last _____ Sex _____ Age _____ DOB _____ phone _____

Home Address _____ City _____ State _____ Zip _____

Mom's (legal Guardian) first / last name _____ work phone _____ Cell Phone _____

Dad's (Legal Guardian) first/last name _____ Work phone _____ Cell Phone _____

List know medical Conditions _____

Emergency Contact in Case Parents are unreachable Name/phone number _____

Hospital of Choice _____ Insurance Carrier/Policy number _____