

The Gymnastics Training Center of Rochester, Inc.
2051 Fairport Nine Mile Point Road, Penfield, NY 14526
585-388-8686; FAX 585-388-0018
email: gtc@frontiernet.net

WAIVER/RELEASE FORM (PLEASE PRINT CLEARLY)

EVENT _____

CHILD'S NAME _____ DATE OF BIRTH _____ GENDER _____

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE # () _____ EMAIL _____

EMERGENCY CONTACT PERSON: _____ PHONE # _____

MEDICAL INSURANCE CO. _____ POLICY # _____ PHONE # _____

List any Medical Problems, Allergies or Medications _____

RELEASE AND CONSENT AGREEMENT

The undersigned student and/or parent or legal guardian of a student of The Gymnastics Training Center of Rochester Inc., by signing this contract, expressly acknowledges that this contract contains release and other risk-shifting provisions which may operate to shift risk from The Gymnastics Training Center of Rochester Inc., to the undersigned student and/or parent or legal guardian of a student of The Gymnastics Training Center of Rochester and the student and/or parent or legal guardian of a student of The Gymnastics Training Center of Rochester Inc., expressly accepts the responsibilities and duties resulting from such provisions. The individual (s) signing this agreement admit (s) reading and understanding the terms contained in this agreement. I (we) the undersigned student and/or parent or legal guardian of a student of The Gymnastics Training Center of Rochester Inc., for and in consideration of enrollment and/or the enrollment of my child or a student for whom I have been granted legal custody hereby voluntarily and knowingly execute this release with the express intention of effecting the extinguishments of and complete release from any and all claims, actions, demands or rights to monetary judgments whatsoever arising from any and all injury or physical harm which may occur to the student, including specifically those that may arise out of, or be occasioned by, directly or indirectly, any

negligent act (s) or omission (s) of The Gymnastics Training Center of Rochester Inc., its officers, agents, employees or servants during the student's attendance at and participation in any activities associated with The Gymnastics Training Center of Rochester Inc., both on and off The Gymnastics Training Center of Rochester Inc., premises.

MEDICAL CONSENT AND RELEASE

I, the undersigned parent or legal guardian of the above named student do hereby expressly grant authority to the staff of The Gymnastics Training Center of Rochester Inc., to render a judgment concerning medical assistance in the event of an accident, injury or illness during my absence and execute this consent and release provision with the express intention of effecting the extinguishments of and complete release from any and all claims, actions, demands or rights to monetary judgments whatsoever arising from any and all injury or physical harm which may arise from the rendering of such judgments, including specifically those that may arise out of, or be occasioned by, directly or indirectly, any negligent act (s) or omission (s) of The Gymnastics Training Center of Rochester Inc., its officers, agents, employees or servants involved in the rendering of such judgments.

Furthermore, in the case of an emergency I consent and expressly grant the staff of The Gymnastics Training Center of Rochester Inc., the authority to obtain medical assistance and treatment as they deem necessary. I understand that neither The Gymnastics Training Center of Rochester Inc., its officers, agents, employees or servants shall be responsible for any medical expenses incurred on behalf of the above named student, and that I am responsible for all payment of medical expenses so incurred.

I give my express permission and consent for a licensed doctor or physician to administer the necessary aid to my child or legal ward (Name) _____ should he/she become injured or sick while in attendance at or while participating in any activity associated with The Gymnastics Training Center Of Rochester Inc., and to do so without having to wait until I (we) are contacted.

I HAVE READ, UNDERSTAND, AND EXPRESSLY AGREE TO THE ABOVE STATEMENT. By the execution hereof I do further bind myself, my child or legal ward and all heirs, executors, administrators, successors or assigns of same.

SIGNATURE(PARENT/GUARDIAN): _____ DATE _____

Please print, fill out and submit this form in person to GTC, or Fax to (585) 388-0018. Or, fill out and send to gtc@frontiernet.net