

Minor Consent and Waiver of Risk Statement

In consideration of participation in a special program with the Maple City Gymnastics Center, I do hereby waive, release and discharge any and all rights and claims for injuries which could be sustained by my son/daughter during the program. I also hereby authorize staff of Maple City Gymnastics Center to act for me according to their best judgement in any emergency requiring medical attention.

Name of Participant _____

Address _____
Street City State Zip

Phone # _____ Alternate Phone # _____

Health Insurance _____

Policy Number _____

Allergies _____

I hereby certify that my child is in good health and able to participate in special program activities, and I have read the above information.

Parent/Guardian Signature

Date _____