



NATIONAL/INTERNATIONAL EVENT LIABILITY WAIVER/CONSENT TO TREAT/ INSURANCE COVERAGE

In consideration of my membership in USA Gymnastics and my participation in USA Gymnastics sanctioned events and assigned travel.

I _____ agree to be bound by each of the following:
Participant Printed Name

1. READINESS TO COMPETE: I will only participate in those USA Gymnastics competitions for which I believe I am physically and psychologically prepared to compete or participate. Prior to participation in USA Gymnastics events, I will have practiced my exercises/duties and will perform only those exercises/duties which I have accomplished to the degree of confidence necessary to assure I can perform them by myself and without injury to myself or others.

2. WAIVER AND RELEASE: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a gymnastics event. I release USA Gymnastics, the Host Organization, and sponsor(s) of any USA Gymnastics sanctioned event or assigned travel, along with the employees, officers and directors of these organizations (collectively the "Released Parties"), from any claims, losses or damages arising from or in any way connected with my participation in the event, including claims, losses or damages arising from or occurring as a result of the negligence of any one of the Released Parties, but not including claims, losses or damages occurring as a result of the intentional or reckless conduct of any one of the Released Parties.

3. CONSENT TO TREAT OR RECEIVE MEDICAL ATTENTION: I hereby give my consent to any x-ray examination, anesthetic, medical or surgical evaluation, diagnosis or treatment that may be rendered under the general or specific instructions of the USA Gymnastics medical personnel, whether such diagnosis or treatment is rendered at a licensed hospital, clinic or doctor's office.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care deemed advisable or necessary under the circumstance.

It is understood that in case of an emergency that reasonable efforts shall be made to contact the undersigned parent/guardian, in the case of a minor, or emergency contact in the case of all others, prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned parent/guardian or contact cannot be reached.

Emergency Contact Information:

Contact Name: _____ Contact Phone: _____

Contact Name: _____ Contact Phone: _____

4. INSURANCE INFORMATION:

Primary:

Name of Insured: _____ Medical Insurance Provider: _____

Policy Number: _____ Group Number: _____ Med Insurance Co Phone: _____

Secondary (if applicable):

Name of Insured: _____ Medical Insurance Provider: _____

Policy Number: _____ Group Number: _____ Med Insurance Co Phone: _____

This waiver, release and consent shall remain effective until revoked in writing and delivered to USA Gymnastics, 130 E. Washington St., Suite 700, Indianapolis, Indiana 46204.

By the execution hereof I do further bind myself, my child or legal ward & all heirs, executors, administrators, successors or assigns of same.

SIGNATURE OF PARTICIPANT:

Signature: _____

Name (printed): _____ Date: _____

ADDITIONAL SIGNATURE FOR PARTICIPANT UNDER THE AGE OF 18

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian (printed): _____