



**Activity Waiver**

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**STUDENTS:**

(1) Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

(2) Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

(3) Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Instructions:**

\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY:**

I understand that there may be risks of injury associated with participation in gymnastics and agree to waive any and all claims of liability, release and hold harmless Clinton Gymnastics Academy (CGA).

Initials: \_\_\_\_\_

**AUTHORIZATION TO SEEK MEDICAL ATTENTION:**

In the event of an accident or injury, when a parent, legal guardian, or emergency contact is not available, I give permission to Clinton Gymnastics Academy (CGA) to seek medical attention.

Initials: \_\_\_\_\_

**GENERAL MINOR AUDIO/VISUAL RELEASE:**

I grant permission for my child to appear in visual/audio, photographic, commercial, and instructional productions for promotional use by CGA. I understand these materials may be edited, distributed, and used in various formats indefinitely. I relinquish all rights or claims to compensation.

Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_