

WAIVER OF LIABILITY

As legal guardian of _____, I hereby consent to the aforementioned person participating in the North Star Gymnastics Inc.'s programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics, karate and related activities including tumbling, cheerleading and trampoline. No matter how careful the gymnast and the coach are. No matter how many spotters are used. No matter what height is used or what landing surface exists.

THE RISK CAN NOT BE ELIMINATED.

Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules. I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn according to what the parent feels appropriate.

North Star Gymnastics Inc., its coaches and other staff members, will not accept any responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance or cheerleading instruction, or open work-outs, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from any event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by North Star Gymnastics Inc. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against North Star Gymnastics Inc., and or its representatives whether paid or volunteer.

Due to understanding that the responsibility of covering any injury rests with me, I affirm that I now have and will continue to maintain proper or adequate hospitalization, health or accident insurance to provide for both my child's protection as well as my own protection. This Waiver of Liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

AND I HEREBY GIVE MY PERMISSION TO TRAINED MEDICAL PROFESSIONALS TO ADMINISTER EMERGENCY MEDICAL TREATMENT TO MY CHILD, SHOULD SICKNESS OR ACCIDENT OCCUR IN MY ABSENCE.

Parent or Legal Guardian Signature

Date

Insurance Co: _____

Group No. # _____

Home Phone _____

Birth Date _____

Mothers' Name _____

Phone _____

Fathers' Name _____

Phone _____

Emergency Contact _____

Phone _____

Doctors' Name _____

Phone _____

Are there any medical conditions we need to be aware of? _____
