

ALABAMA ELITE GYMNASTICS ACADEMY

SPECIAL EVENT PARTICIPANT FORM

RESPONSIBLE PARTY

mother	home phone	cell phone
	work phone	
father	home phone	cell phone
	work phone	
mailing address	City/State	Zip Code
		email address
emergency contact/relationship to child - other than parent		phone

PARTY PARTICIPANT

first & last name	
previous injuries	allergies/medications
other info we should know about child	
medical insurance company	policy #
name of insured	insured date of birth
physician	physician's phone #

PLEASE READ CAREFULLY & INITIAL

WAIVER & RELEASE OF LIABILITY:

IN CONSIDERATION OF ALABAMA ELITE GYMNASTICS ACADEMY, LLC FURNISHING TRAINING AND/OR EQUIPMENT TO ENABLE BY CHILD TO PARTICIPATE IN GYMNASTICS/CHEER CLASSES, I AGREE AS FOLLOWS:

- _____ I fully understand and acknowledge that gymnastics & cheernastics activities have inherent risks, dangers & hazards, and that my child's participation in such activities and/or use of such equipment may result in injury including, but not limited to bodily injury, strains, fractures and other serious disabilities.
- _____ I, on behalf of myself, my child, my spouse, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Alabama Elite Gymnastics Academy, LLC and its owners, agents, officers and employees from any and all claims of action existing presently or in the future and resulting from any injuries sustained as a result of my child's participation in either gymnastics or cheernastics at Alabama Elite Gymnastics Academy, LLC.
- _____ I understand and acknowledge that no medical insurance benefits will be provided to me during this activity and that I will be responsible for any medical bills that may result from my child participating in gymnastics and/or cheernastics.
- _____ I, being the parent or guardian of the student, do hereby authorize Alabama Elite Gymnastics Academy, LLC, its coaches, trainers, or any member of its staff, to obtain emergency medical treatment from any physician, hospital, or other qualified medical personnel or facility as needed in the event of accident or injury. I also agree to be responsible for all the costs of said emergency treatment.

Parent/Guardian Signature

DATE