



# Permission to Participate Waiver Form

## World Cup Gymnastics

Permission to Participate for Group Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please complete and bring to World Cup on the day of the event**

Guest's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Caregiver's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Family E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

(Home) Phone Number:(\_\_\_\_)\_\_\_\_-\_\_\_\_ (Cell) Phone Number:(\_\_\_\_)\_\_\_\_-\_\_\_\_

Emergency Contact First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Emergency Phone Number:(\_\_\_\_)\_\_\_\_-\_\_\_\_

**Acknowledgement of Risk/Waiver of Liability**

World Cup Gymnastics and its staff recognize our obligation to make our clients aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, Rompereee, trampoline, various celebratory activities etc. World Cup Gymnastics and its staff will not accept responsibility for injuries sustained by any child, parent and/or caregiver during the course of any activities and/or while arriving or departing or waiting anywhere on World Cup Gymnastics premises. Parents and/or caregivers should be aware of, and educate themselves and the child in their care, about the possibility of injury. Participants/Parents should also follow all safety guidelines and World Cup staff instructions. Gymnastics can be dangerous and lead to injury. Students, children, parents and/or caregivers may suffer injuries, possibly minor, serious or catastrophic in nature.

Therefore, being fully aware of the risks and possibility of injury involved, I consent to allow the above person(s) to participate in the programs offered by World Cup Gymnastics. I waive and release all rights and claims for damages that I or my child may have against World Cup Gymnastics and/or its representatives and staff, whether paid or volunteer. With this in mind, in the event of an injury or illness to my child of myself, and with the acknowledgement that World Cup Staff members are not physicians or medical practitioners of any kind, I consent to the administration of temporary first aid to my child and/or myself by World Cup Staff if they deem it necessary, contacting a doctor and/or seeking medical help, transportation by a World Cup Staff member and/or its representatives, whether paid or volunteer to any health facility or hospital, calling 911 and/or an ambulance, etc. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's and/or my own protection. I also understand that it is my responsibility to continually be aware of the dangers of gymnastics, tumbling, cheerleading, Rompereee, trampoline, various celebratory activities etc. injury.

World Cup Gymnastics staff members will continually remind the children, parents and/or caregivers of safety guidelines during our programs, as well as post signs throughout the premises.

Parent/Caregiver's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_