

Fill out and bring to Dynamite Gymnastics on the date of event

Dynamite Event Permission Slip

Child's Name _____ Age _____

Birthday ____/____/____

Address _____

City _____ State _____ Zip _____

Parents Name _____

Hm Phone (____) _____ Cell Phone (____) _____

Any Health Concerns?

Date & Time of Event _____

Liability Waiver and Indemnity Agreement. As conditions of the participation of the student described above ("my child") in any of the programs conducted by Dynamite Gymnastics including but not limited to tumbling, gymnastics, cheerleading, fitness classes, whether conducted on or off the premises of Dynamite Gymnastics, I agree to the following:

1. I waive any claim for bodily injury, personal injury or property damage against Dynamite Gymnastics, its officers, directors, shareholders, employees, agents and insurers (collectively, "Dynamite Gymnastics"), and any owners or lessors of the premises and any equipment used in connection with any programs of Dynamite Gymnastics, arising out of our child's participation in any of the programs of Dynamite Gymnastics whether on or off Dynamite Gymnastics premises, or travel for the purpose of participating in any such programs or events.
2. I understand that this waiver extends to injuries incurred by any member of my family, including my child identified above, myself, or any other family member.
3. This agreement shall remain in effect as long as and whenever our child participates in any activity at or with Dynamite Gymnastics.
4. If this agreement is not effective to waive liability on behalf of our child, ourselves, or any other family member, we further agree to indemnify Dynamite Gymnastics for its liability including all costs, fees, and expenses incurred by Dynamite Gymnastics in connection with such liability.
5. We reserve the right to use your or your child's image or likeness in any Dynamite Gymnastics promotional material.

Authorization of Medical Care: In case of illness or injury, if I cannot be reached, I authorize and desire medical care of my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

Parent Signature _____

Date _____

