

Cape Cod Gymnastics Birthday Party Waiver/Open Gym Waiver

Parent/Guardian Information (must complete fields)

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone () _____ Email _____ @ _____

Student Information

First Name _____ Last Name _____

Birthday / / Age _____ Male _____ Female _____

I hold Cape Cod Gymnastics Center (CCGC), its owners, operators, instructors, employees, agents, servants and affiliated center(s) from any and all liability or in any way related to my or my child's use of the facilities, equipment, or apparatus of CCGS: and /or my child's participation in any class, program, competition or other event organized, run and/or sponsored by or held at the CCGC, hold harmless the said claims, demands, cost, expenses and compensation arising out of or in the course of or in any way related to any personal injury to me or my child, By signing this release, I acknowledge my understanding and acceptance of the following:

1. That gymnastics is an active sport, which requires strength, agility and concentration and that it is solely my responsibility to determine that my child is in good health and good physical and mental condition before permitting my child to exercise, work out, receive instruction or perform.
2. That gymnastics requires twisting, turning, tumbling, jumping flexion, extension and rotation, which movements are often performed with considerable force and/or considerable height and which can result in severe, permanent personal injuries, including, but not limited to, bruised, strained, sprained or torn muscles, tendons and ligaments, broken bones, derangements or dislocations of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death.
3. That gymnastics requires the use of apparatus and equipment, which may cause or contribute to severe, permanent personal injuries, such as those described above.

In the event of an accident or emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold Cape Cod Gymnastics Center, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for CCGC.

I have read the Release of Liability for Personal Injury and have been given the opportunity to speak with a representative of CCGC before signing this release.

Signature of Parent _____ **Date** _____ / _____ / _____

DIRECTIONS TO OUR FACILITY

Take exit 7 off Rt. 6

Stay right at lights

Take a right onto Summer St (right past IFAW)
Corporation Rd. is up on the right off Summer
5 Corporation Rd. Yarmouthport (508) 744-7751
email: tumble@capecodgymnastics.com