



Northern Hemisphere Gymnastics Waiver

Mom Name: _____ Dad Name: _____
 (First) (Last) (First) (Last)

Phone (1): _____ Phone (2): _____ Phone (3): _____

Address: _____ City: _____ Zip: _____

Email: _____ How did you hear about us _____

Health Insurance Provider _____ Insurance Number _____

Alternative Emergency Contact: _____

Child Name: _____

Sex: ___ Age: ___ DOB: ___ / ___ / ___

Medical Notes: _____

Please notify us if your child has any developmental, hyperactive or behavioral issues

Child Name: _____

Sex: ___ Age: ___ DOB: ___ / ___ / ___

Medical Notes: _____

Please notify us if your child has any developmental, hyperactive or behavioral issues

ASSUMPTION OF RISK, WAIVER OF LIABILITY, PHOTO RELEASE and MEDICAL AUTHORIZATION

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including, but not limited to, gymnastics, tumbling, trampoline, martial arts, dance, cheer-leading, ball sports, swimming, and diving. I recognize that swimming or any activity in or around water can result in brain damage or drowning. I am aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in vehicular accidents. I am aware that there may be some risks associated with participating in water sports/ recreational activities and should not be construed as an exclusive list of risks of participation such as changing wind; collision with any of the following: other participants, equipment, and man-made/ placed obstacles, and/or extremes of wind, weather, and temperature; loss of sense of balance and/or physical coordination/ ability to operate equipment; inability to swim and/or follow directions; collisions, capsizing, sinking and/or drowning; the presence of insects, fish and/or other aquatic life or animals; illness, including sunburn, sunstroke and/or dehydration; and fatigue, chills and/or dizziness which may diminish reaction time and increase the risk of injury. I am cautioned strongly not to participate in any activity while under the influence of drugs and/or alcohol. If I do not know if I am physically capable of participating in a water-sport activity, I am advised to consult with a physician prior to participating in activity. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Northern Hemisphere Gymnastics LLC programs and activities. I ACCEPT ALL RISKS associated with this participation. In consideration for my child(ren) and/or my participation, I hereby for myself, my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Northern Hemisphere, it's officers, directors, shareholders, employees, contractors, and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence. I am aware that photos/ videos are taken. I hereby grant my permission for my child's likeness to be used. In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Northern Hemisphere and its representatives harmless in this execution. I hereby agree to individually provide for all medical expenses which may be incurred by myself for my child(ren) as a result of any injury sustained while participating at or for Northern Hemisphere. Camps are required to be permitted to operate by the NYS Department of Health and required to be inspected twice yearly. The reports are filed at the address of Monroe County Health Department. I allow my child to apply sunscreen to his/her body while at this facility. Coaches have my permission to assist, when needed, with applying sunscreen to my child.

I am aware that Northern Hemisphere Gymnastics does not offer makeup classes and most likely will not close because of weather conditions.

I have read and understand the ASSUMPTION OF RISK WAIVER OF LIABILITY PHOTO RELEASE and MEDICAL AUTHORIZATION AND I VOLUNTARILY affix my name in agreement.

Parent/Legal Guardian's Signature: _____ Date: _____