

OPEN GYM WAIVER

I understand Gymnastics/Cheer involves certain inherent risks. I assume that all safety precautions taken and in consideration of your accepting this student I hereby, for myself, my heirs, executors, administrators and assigns persons holding and sponsoring this facility, their agents, representatives, successors and assigns for any and all injuries and losses suffered by me and at said facility. Additionally Arizona Dynamics Gymnastics LLC has my permission to render and necessary first aid emergency treatment to my child while in attendance at Arizona Dynamics Gymnastics LLC. Further I give my permission for certified and licensed medical personnel to use appropriate procedures to aid my son/daughter and prevent further injury and/or death. I give my permission to the emergency care physicians and support personnel to do what they deem necessary in the best interest of my child. I have read and agree to comply with the above policy and waiver agreements.

Parent Name: _____

Child Name: _____

Birthday: _____

Phone #: _____

Address: _____

City: _____

Zip: _____

T-Shirt Size: _____

Short Size: _____

Signature of Parent or Legal Guardian

Date