

Gym Nest Field Trip Waiver Form

Childs name _____ Date: _____ Time _____

Phone# _____ DOB _____

Address _____

Emergency Contact _____ Emergency# _____

- ❖ I realize that I am responsible for all medical expenses for my child(ren) that may be needed due to their participation at your facility.
- ❖ I understand that participation in gymnastics and related activities involves motion, rotation and height in a unique environment and as such carries with it the risk of injury. I am voluntarily allowing my child to participate in this activity with knowledge of the risks involved, and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I hereby release Gym Nest Inc, its affiliates, agents, owners and employees from any liability for accidents while participating at the Gym Nest.
- ❖ I hereby state that my child has no mental or physical conditions that prohibit full participation in gymnastics. I also agree to inform the Gym Nest of any condition that the Gym Nest staff should be aware of in dealing with the student during normal activities or in case of any emergency.
- ❖ All safety rules must be observed. Gym Nest will not be responsible for any personal items brought.

Print Parent/Guardian's Name _____

Signature _____ Date _____

Gym Nest Field Trip Waiver Form

Child's Name _____ Date: _____ Time _____

Phone# _____ DOB _____

Address _____

Emergency Contact _____ Emergency# _____

- ❖ I realize that I am responsible for all medical expenses for my child(ren) that may be needed due to their participation at your facility,) and/or under your supervision.
- ❖ I understand that participation in gymnastics and related activities involves motion, rotation and height in a unique environment and as such carries with it the risk of injury. I am voluntarily allowing my child to participate in this activity with knowledge of the risks involved, and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I hereby release Gym Nest, Inc, its affiliates, agents, owners and employees from any liability for accidents while participating at the Gym Nest.
- ❖ I hereby state that my child has no mental or physical conditions that prohibit full participation in gymnastics. I also agree to inform the Gym Nest of any condition that The Gym Nest staff should be aware of in dealing with the student during normal activities or in case of any emergency.
- ❖ All safety rules must be observed. Gym Nest will not be responsible for any personal items brought.

Print Parent/Guardian's Name _____

Signature _____ Date _____