

Gym Nest Inc. Release Form

I fully understand that Gym Nest staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Gym Nest staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Gym Nest staff to call our doctor and to seek medical help, including transportation by a Gym Nest staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Gym Nest staff deem this to be necessary.

Parent or guardian signature _____ Date _____

We the staff of Gym Nest Inc. recognize our obligation to make our students and their parents fully aware of the inherent risks and hazards associated with the sport of gymnastics, dance, and cheerleading, and that these students may suffer injuries, possibly minor, serious or catastrophic in nature due to the inherent hazards and risks with the above sports. Given the distinct possibility of injuries associated with the performance of these activities the Gym Nest insists that all students and their parents agree to abide by all of the safety rules and policies of the Gym Nest in regard to this matter.

The Gym Nest it's coaches and other staff members, whether paid or volunteer, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance, cheerleading instruction, open workouts, or birthday parties, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, and having read the rules and policies of the Gym Nest I consent to have my child or children participate in the programs offered by the Gym Nest. I, My executors or other representatives, waive and release all rights and claims for damages that I or my child may have against the Gym Nest and or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage that I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according the parent feels is appropriate. The Gym Nest will only warn the child through "safety messages" and our teaching style and progressions.

By signing below I state that I fully understand the information contained in the waiver as well as the rules and policies of Gym Nest Inc.

Parent or guardian signature _____ Date _____