



## OPEN GYM WAIVER OF LIABILITY

<u>Students Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Home Phone#</u>	<u>Cell Phone #</u>
<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Emergency Contact #</u>

**Mother Name:** \_\_\_\_\_

**Dads Name:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

<b>Has Student ever been enrolled at Iron Cross Before?</b>	Yes	No
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<b>How did you Hear About Us? (circle one)</b>	Website	Advertisement	Referral / None
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**Please List Referral's Name:** \_\_\_\_\_

**Name of Birthday Host:** \_\_\_\_\_

**Join Us! Check us Out on (Facebook, Twitter, and Youtube)**



**Picture Release:** Iron Cross Gymnastics would like to use pictures taken during classes, summer camp, and events such as PNO and Open Gym that may or may not have your child in them for website and Advertisement use. If you give Iron Cross Gymnastics permission for this, please sign your signature on the line below.

Clients Signature \_\_\_\_\_ Date \_\_\_\_\_

**Acknowledgement of Risk and Waiver of Liability**

As Legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person. I understand that it is the express intent of Iron Cross Gymnastics to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities. I hereby forever release the Iron Cross Gymnastics, it's officers, employees, teachers, and coaches from liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Iron Cross Gymnastics.

As Legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Iron Cross Gymnastics. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to it's content and intent.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_