

Gymnastics Express Waiver Form

Valid 9/1/2017 through 8/31/2018

Please list all family members that may enroll for any of the 2017-2018 Terms. You will not be charged a registration fee until the student enrolls in a class.

How to return form: email – classwaiver@gymnasticsexpress.org, In person, or fax 860.659.2202

STUDENT NAME _____ AGE _____ D.O.B. _____ SEX M / F

STUDENT NAME _____ AGE _____ D.O.B. _____ SEX M / F

STUDENT NAME _____ AGE _____ D.O.B. _____ SEX M / F

Any medical conditions we should be aware of? If yes, list below

Family Surname _____ Parent Name _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Email _____

Emergency Contact _____ Relationship _____

Emergency Phone _____

PLEASE READ AND SIGN BELOW.

I UNDERSTAND THE SPORT OF GYMNASTICS INVOLVES CERTAIN RISKS AND RECOGNIZE THOSE POTENTIALLY SEVERE INJURIES, INCLUDING BUT NOT LIMITED TO PERMANENT PARALYSIS OR DEATH CAN OCCUR IN ANY ACTIVITY INVOLVING HEIGHT OR MOTION. I VOLUNTARILY CONSENT TO THE ABOVE MENTIONED PERSON PARTICIPATING IN CHAGNON & SCANLON, LLC DBA GYMNASTICS EXPRESS TOO PROGRAMS AND ACCEPT ALL RISKS ASSOCIATED WITH THAT PARTICIPATION.

IN CONSIDERATION FOR ALLOWING MY CHILD TO USE THESE FACILITIES, I HEREBY FOREVER RELEASE AND CONVEYANT NOT TO SUE CHAGNON & SCANLON, LLC DBA GYMNASTICS EXPRESS TOO, ITS OFFICERS, EMPLOYEES, VOLUNTEERS AND OTHERS ASSOCIATED WITH THE CORPORATION FROM ALL LIABILITY FOR ANY AND ALL DAMAGES AND INJURIES SUFFERED BY MY CHILD WHILE UNDER THE INSTRUCTION, SUPERVISION, OR CONTROL OF CHAGNON & SCANLON, LLC DBA GYMNASTICS EXPRESS TOO.

AS LEGAL GUARDIAN OF THE ABOVE MENTIONED CHILD, I HEREBY AGREE TO INDIVIDUALLY PROVIDE FOR ALL POSSIBLE FUTURE MEDICAL EXPENSES WHICH MAY BE INCURRED BY MY CHILD AS A RESULT OF ANY INJURY SUSTAINED IN TRAINING OR PERFORMANCE FOR CHAGNON & SCANLON, LLC DBA GYMNASTICS EXPRESS TOO.

I HAVE READ AND UNDERSTAND THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

PERIODICALLY, WE WILL BE TAKING PICTURES TO BE PUBLISHED ON OUR WEBSITE AND/OR PRINT MEDIA

NO, I DO NOT WANT ANY PICTURES TAKEN OF MY CHILD. I have reviewed and understand the Refund and Make up policies

 Signature _____ Date _____ (Valid 9/1/2017-8/31/2018)

PARENT OR LEGAL GUARDIAN'S SIGNATURE/ DATE