



2012 Gymnastics Waiver

This form must be completed prior to participation.



Date: _____

Participant Name _____
Birthdate _____ Age _____ Male _____ Female _____

Participant Name _____
Birthdate _____ Age _____ Male _____ Female _____

Participant Name _____
Birthdate _____ Age _____ Male _____ Female _____

Parent/guardian name(s): _____

Mailing address: _____

Home phone: _____ Mobile: _____

e-mail address: _____

In case of an emergency please list an Alternate contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

**MEDICAL CONDITIONS TO BE AWARE OF: (circle one) YES NO

if yes, explain:

Notification of Risk Waiver:

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows:
I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant.
I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. My child or I are in good health and physically able to participate in said activity. I agree to waive and release the Town of Vail and/or the Vail Park and Recreation District and their officers, employees, agents, servants and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property in connection with said activities, including injuries sustained or property damaged caused by the use of equipment I may rent from the Town of Vail and/or the Vail Park and Recreation District. I give permission for my child to ride on the TOV buses, in any VRD vehicle and on Eagle County School District buses. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize events.

Participants Name _____

I have read and agree with the Program Policies.

Parent Signature (if under 18 years old) _____ Date ____/____/____

THIS MUST BE FILLED OUT AT THE START OF EVERY YEAR

Vail Gymnastics Center

545 N. Frontage Rd. -- Vail, CO

(next to Red Sandstone Elementary School)

phone: 970-479-2287 Fax: 970-479-2286 www.vailrec.com/gymnastics.cfm

more info: gymnastics@vailrec.com

2012 Last Name: _____