

**ULTIMATE GYMNASTICS SPECIAL EVENTS WAIVER**

STUDENT'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

1. I UNDERSTAND THAT ONLY STUDENTS SUPERVISED BY AN INSTRUCTOR ARE ALLOWED ON THE GYM FLOOR. ***NO EXCEPTIONS!***
2. I GIVE PERMISSION FOR ULTIMATE GYMNASTICS TO PHOTOGRAPH AND/OR VIDEOTAPE MY CHILD FOR USE IN PROMOTIONAL MATERIALS AND/OR OUR WEBSITE. NAMES ARE NOT PRINTED UNLESS PERMISSION IS OBTAINED.
3. ULTIMATE GYMNASTICS IS AUTHORIZED TO ACT FOR ME IF I AM UNABLE TO BE REACHED, ACCORDING TO THEIR BEST JUDGEMENT, IN ANY EMERGENCY SITUATION THAT REQUIRES ATTENTION.
4. ***ASSUMPTION OF RISK:*** PARTICIPATION IN GYMNASTICS INVOLVES MOTION, ROTATION AND HEIGHT IN A UNIQUE ENVIRONMENT AND AS SUCH, CARRIES WITH IT A DEGREE OF RISK. CATASTROPHIC INJURY, PARALYSIS, OR EVEN DEATH CAN RESULT FROM CONDUCT OF THE ACTIVITY. I HEREBY ACCEPT AND ASSUME SUCH RISKS AND RESPONSIBILITY FOR ANY LOSSES AND/OR DAMAGES ARISING FROM ANY ILLNESS, INJURY, DISABILITY, PARALYSIS OR DEATH OF THE ABOVE-NAMED PARTICIPANT, HOWEVER CAUSED AND WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF ULTIMATE GYMNASTICS, IT OWNERS, COACHES, OR EMPLOYEES.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_  
**YOU MUST BRING THIS FORM WITH YOU WHEN YOU DROP YOUR CHILD OFF OR THEY WILL BE UNABLE TO PARTICIPATE IN ANY GYMNASTICS ACTIVITIES!**