



260 Kale Road, New Bern, NC 28562252-635-2100**www.newberngymnastics.com

Child Name: _____

Age: _____

Parent/Guardian Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone #: _____ **Cell #:** _____

I fully understand that the New Bern Gymnastics, Inc, staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the New Bern Gymnastics, Inc. staff to render any emergency temporary first aid to myself, my child or children in the event of an injury or illness deemed necessary by NBG staff or its representatives. I also permit New Bern Gymnastics staff and its representatives to call upon medical doctor(s) to seek help, including transportation by a NBG staff member, paid or volunteer, to any health care facility or hospital. I will permit NBG to call an ambulance for said child or children should the New Bern Gymnastics, Inc staff deem it to be necessary. We, the staff of New Bern Gymnastics, Inc. recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance.

Students or participating parents/guardians may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, tumbling, and cheerleading can be dangerous and can lead to injury. New Bern Gymnastics, Inc., its coaches and other staff members will not accept responsibility for injuries sustained by any student or participating parent/guardian during the course of gymnastics, tumbling, dance, cheerleading instruction, open workouts, or in the course of any exhibition, competition, or clinic in which any student may participate in that requires the traveling to and from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the programs offered by New Bern Gymnastics, Inc.

I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child or children may have against New Bern Gymnastics, Inc. 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 which I consider adequate for my children's protection as well as my own protection. I also understand that it is the parent's responsibility to warn their children about the dangers of gymnastics and injury. The parent should warn their children accordingly to what the parent feels is appropriate. New Bern Gymnastics, Inc. will only warn the child through "Safety Messages" and our teaching style progressions.

Parent Signature _____ **Date:** _____