



Parents Night Out Registration and Waiver

Date: _____

Child's Name _____ D.O.B _____

Mother's Name: _____

Father's Name: _____

Address: _____ City _____ Zip _____

Home Phone _____

Cell Phone _____ Email _____

I fully understand that the staff at SPLITZ Gymnastics Academy, Inc. are not physicians or medical practitioners of any kind. With that in mind, I hereby release SPLITZ Gymnastics to render first aid to my child in the event of injury or illness, and if deemed necessary to call an ambulance which I agree to pay for.

If SPLITZ is unable to contact the parents, the person to contact in case of an emergency is:

Name/Relationship _____ Phone _____

RELEASE OF LIABILITY, WAIVER OF LIABILITY ASSUMPTION OF FULL RESPONSIBILITY OF ALL RISKS OF BODILY INJURY OR DAMAGES

As a parent or legal guardian of _____, I give my consent for him/her to participate in the programs at SPLITZ Gymnastics Academy, Inc. I understand that participation in gymnastics, trampoline, dance, and related activities may result in unavoidable injuries due to the heights and motions involved. These injuries may include muscle strains and tears, broken bones, and severe injuries such as permanent paralysis or even death. I am fully aware of the risks and possibility of injury involved.

As a parent or legal guardian, I agree to provide health insurance to the minor child or guarantee payment of any medical expenses incurred as a result of training, performing, or participating in activities of SPLITZ Gymnastics Academy.

I understand it is this gym's intent to provide for the safety and protection of my child and in consideration for allowing the above named minor child to participate in activities with SPLITZ Gymnastics Academy, Inc. I waive any and all rights or causes of action against Eileen Spicher and/or Greg Spicher and/or SPLITZ Gymnastics Academy, Inc. for any injuries suffered by my child and other damages suffered by my child or myself while under the supervision or control of SPLITZ Gymnastics Academy, Inc. and its employees and/or the SPLITZ booster club.

Parent/Guardian Signature

Date