

2024-2025 Carolina Elite Gymnastics Academy Inc. Waiver and Release Form

1st Student _____ DOB ___/___/___ Sex M/F Enrollment Date ___/___/___

2nd Student _____ DOB ___/___/___ Sex M/F Enrollment Date ___/___/___

3rd Student _____ DOB ___/___/___ Sex M/F Enrollment Date ___/___/___

Parent(s) or Guardian

Name _____

Mailing Address _____

City _____ State _____ ZIP Code _____

Phone Number (_____) _____ Phone Number (_____) _____

Email _____

Doctor's Name _____

Address _____ Phone(_____) _____

In case of injury or sudden illness, I hereby grant authority to any hospital or medical professional to render immediate aid as might be required at the time for my child(ren)'s health and safety. It is understood that I will accept the expense for this service.

***Parent/Guardian Signature** _____ **Date** _____

Emergency Contact:

Name _____ Phone _____

Health/Medical Conditions _____

Waiver and Release: I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death as well as other damages and losses associated with participation in Gym Activity. I further agree that Carolina Elite Gymnastics Academy Inc. and their agents, officers, employees, instructors, directors and landlords shall not be liable for any losses or damages occurring as a result of participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organization or individuals identified above. As the legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in the event.

I agree to assume all risk of exposure to viruses, pathogens and infectious diseases from associating or from a result of using the facility and I release and hold harmless Carolina Elite Gymnastics Academy Inc. and their agents, officers, employees, instructors, directors and landlords from any and all liability and hereby waive all claims related to or arising from exposure or the transmission of viruses, pathogens and infectious diseases including but not limited to influenza, Sars, Cov-2 and Covid-19.

Medical release: I hereby give consent to Carolina Elite Gymnastics Academy Inc. to provide medical care and to give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

Image release: I hereby give consent to Carolina Elite Gymnastics Academy Inc. to use my child's image in any form of media including print, television and internet for advertisement and promotional purposes.

***Parent/Guardian Signature** _____ **Date** _____