



I, _____ the parent/legal guardian of the participant(s) agree that the participant(s) and I shall comply with the stated rules and conditions for participation in any party, field trip and/or program at Tulsa World of Gymnastics. I agree and understand that gymnastics is a HAZARDOUS activity. I am aware that participation in Tulsa World of Gymnastics programs, parties, field trips and/or use of the facility creates risks including but not limited to falls, collisions, paralyzing injuries and death and freely assume on behalf of myself and the participant(s) all such risks, both known and unknown, even if arising from the negligence of others.

I for myself and the participant(s), and our respective heirs, assigns, administrators, personal representatives and next of kin hereby agrees to indemnify and hold harmless Tulsa World of Gymnastics, coaches, instructors, directors, agents and employees against any liability resulting from any injury that may occur to the participant(s) while participating in gymnastics lessons, field trips, parties, or other activities at Tulsa World of Gymnastics. The participant(s) also agrees to indemnify Tulsa World of Gymnastics for any damages incurred arising from any claims, demand, action, or cause of action by the participants.

Should a medical emergency arise while my child is at Tulsa World of Gymnastics, I understand that reasonable effort will be made to contact me. If I cannot be reached, or if it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me would cause, I consent to the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility, and I consent to the immediate administration of life sustaining measures deemed necessary under the circumstance. Further, the participant(s) and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

I have noted below any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE, AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____ Date: _____
(Participant or Parent/Guardian)

Phone #: _____ Email: _____

Emergency Contact #2: _____ Phone: _____

Participants: _____ Age: _____ Medical/Health problem: _____
_____ Age: _____ Medical/Health problem: _____
_____ Age: _____ Medical/Health problem: _____