

GENERAL WAIVER AND CONSENT FOR MEDICAL TREATMENT

I represent that I understand the nature of this activity and I and my designated students(s) (student(s)) are qualified, in good health, and in proper physical condition to participate in such activity. As legal the guardian of my student(s), I hereby consent to all student(s) participating in this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, swimming, martial arts, gymnastics and physical activity in general. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis, and even death, which may be caused by my own actions, or inactions, those of others participating, in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** this facility, affiliated and partner companies and organizations, sponsors, advertisers, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s) (each considered one of the "Releasees" herein), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities. I further agree that if, despite this release, waiver of liability, and assumption of the risk I, or anyone on my behalf, makes claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may occur as the result of such claim. Flight School Gymnastics reserves the right to use any video or photographic material for any legal purposes.

Permission to Treat

I fully understand Flight School Gymnastics staff members are not physicians or medical practitioners of any kind, with the above in mind, I hereby release the Flight School staff to render temporary first aid to my child or children in the event of an injury or illness, if deemed necessary by Flight school staff to call a doctor and seek medical help, including transportation by Flight School member its representatives, whether paid or volunteer, to any healthcare facility or hospital, or calling of an ambulance for the said child should Flight School staff deem this necessary.

X

Signature of Parent / Guardian
(18 years or older)

Date

Witness, Flight School Gymnastics

X

Printed Name of Parent

X

Email Address

X

Printed Name of Child

X

Phone Number