

NON-MEMBER RELEASE FORM

Lakettes & Lakers Gymnastics Academy

Today's Date _____

Student's name _____ age _____ sex _____ Birth Date _____

Home Phone # _____ Parent work # _____ Cell # _____

Address _____ City _____ Zipcode _____

Email Address _____ Name of parent/guardian _____

WAIVER AGREEMENT / RELEASE

I understand and fully appreciate that the sport of gymnastics involves certain inherent risks and is a hazardous sport. I further understand and appreciate that the inherent risks in the sport of gymnastics include, without limitations, risk of bodily injury. I hereby, for myself, my heirs, executors, administrators, and assigns, waive and release any and all rights and claims for damage I have against Lakettes/Lakers Gymnastics Academy, Inc., their agents, representatives, successors, and assigns for any and all injuries and losses suffered by me and mine in connection with Lakettes/Lakers Gymnastics Academy, Inc. Additionally, Lakettes/Lakers have my permission to render any necessary first aid emergency treatment to my child while in at attendance at Lakettes/Lakers for any of their functions.

Release form for Lakettes/Lakers Activities

Precautions have been taken for your safety, however you must realize there is a risk involved in any sport for accidental injury. As an adult, you assume the risks involved when you or your child participates in the Lakettes/Lakers program. Student: _____ is free from communicable disease and participation in the program will not endanger his/her health or that of any other participant. I take full responsibility for any and all risks involved in the program in which we are enrolling. I will hold no instructor or management of Lakettes/Lakers Gymnastic Academy Inc. responsible for injuries sustained in, or on the way to or from Lakettes/Lakers classes or functions.

CAUTION: READ BEFORE SIGNING! Signature below, acknowledges that the undersigned has read and fully understands the terms and conditions set forth above – and voluntarily agrees to those terms and conditions.

*****Signature of (Parent or Guardian)** _____

EMERGENCY INFORMATION AND AUTHORIZATION

In case of illness or emergency, please contact:

1. Parent or guardian: _____ Hm # _____ Wk# _____ Cell _____

2. Other: _____ Ph# _____ relationship to student _____

If attempts to contact above names have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by _____ at _____
Student's physician Dr.'s ph #

Or _____ at _____
Student's dentist # of dentist

Or if not available, by another licensed physician, or the transfer of my/my child to closest hospital or preferred Hospital

THIS RELEASE & AUTHORIZATION DOES NOT INCLUDE MAJOR SURGERY UNLESS MEDICAL OPTIONS OF OTHER LICENSED PHYSICIANS CONCUR IN THE NECESSITY FOR SUCH SURGERY

I DO GIVE CONSENT _____ **PARENT/GUARDIAN** _____ **DATE** _____

I DO NOT GIVE CONSENT _____

Lakettes/Lakers have my permission to use , in their advertising: pictures, photos or video taken of my child while involved in Lakettes/Lakers classes or functions. YES _____ NO _____