



General Waiver

(must be updated January 1 of every year)

Open Gyms * Birthday Parties * Private Lessons * Visiting Athletes

This form must be presented in person to the front desk by the legal guardian whose signature is indicated below or other responsible adult.

CHILDREN PARTICIPATING IN PRESCHOOL OPEN GYM MUST BE ACCOMPANIED BY AN ADULT AT ALL TIMES.

Participant Name: _____ Male / Female Birth Date: ____/____/____

Participant Name: _____ Male / Female Birth Date: ____/____/____

PRIMARY RESPONSIBLE PARTY:

Name (Last, First Middle Initial)	Relationship to Student
Mailing Address, City, Zip Code	Contact Phone

WAIVER OF LIABILITY

PLEASE READ CAREFULLY and INITIAL items below:

WARNING: Any activity involving motion or height creates the possibility of serious injury, including permanent paralysis and even death from landing or falling on the head or neck. You assume a risk of serious injury in the use of this equipment, but the risk can be significantly reduced by always following the rules.

_____ **WAIVER of LIABILITY:** All precautions will be taken to prevent accidents. Simple First Aid will be administered for minor injuries and parents or doctors will be called when necessary. I hereby consent to have my child participate in programs offered **by Denali Gymnastics and Fitness Inc. (DG&F)**. It is hereby agreed that I, my child(ren), adopted or otherwise, my heirs and executors, waive and release all rights and claims for damages that they may have at any time against the center, its representatives, whether paid or volunteer, for injury or damages in connection with the gymnastics program or other activities related to DG&F. The risks involved in respect to such a program are fully understood.

_____ **CONSENT for EMERGENCY TRANSPORTATION AND MEDICAL CARE:** This authorizes **Denali Gymnastics & Fitness Inc.** and **The Axios Academy** to transport and/or authorize emergency transportation and gives permission to medical or hospital personnel to provide emergency medical or surgical care for the released parties listed below, if I cannot be contacted immediately. I will assume the cost of necessary medical or surgical care including emergency transportation.

_____ **SAFETY GUIDELINES:** Please that you have received, read and understand the following:

General Safety Orientation Foam Pit Safety Trampoline Safety

BY SIGNING THIS CONSENT: I agree to abide by the safety guidelines and rules posted and/or explained by Denali Gymnastics Staff. Failure to do so can result in being removed from the floor for the safety of other participants. Fees are nonrefundable.

Signature	Date
-----------	------