

**PARTICIPATION IN ALL PROGRAMS AT EMERALD CITY GYMNASTICS**

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***Participant Information***

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_/\_\_\_\_\_

Physician's Name & Phone: \_\_\_\_\_/\_\_\_\_\_

Any intolerance to drugs or medication? \_\_\_\_\_

Any medication that is taken regularly? \_\_\_\_\_

**Please list any current or previous health problems/conditions that may affect your physical activity:**

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***Waiver & Release***

- I understand that participation in any instructional and/or recreational activities at Emerald City Gymnastics, Inc. (hereinafter referred to as "ECG"), including but not limited to: gymnastics, dance, ballet, cheerleading, trampolining, tumbling, Bump City, Monster Mountain (rockclimbing), Ropes Course and any other related programs at ECG (the "Programs") is voluntary, and that all Programs and the use of the related facilities and equipment therein carries some physical risk.
- I understand that if I am injured or my property is damaged while participating in the Programs, that the injury or loss will not be covered or reimbursable by ECG.
- I agree to assume the risk of any and all illness or injury (minor, serious or catastrophic in nature, including claims and suits at law or in equity for any injury, fatal or otherwise) or damage (to person or property) resulting from my participation in all Programs, including the use of the facilities and/or equipment associated with the Program ("Damages").
- I hereby waive all claims, now or in the future, for any such Damages and do hereby release and discharge ECG and its respective officers, directors, instructors, agents, employees and assigns from any and all liability for any such Damages.
- I fully understand that ECG instructors, agents and employees ("ECG Staff") are not physicians or medical practitioners of any kind. With the above in mind, I hereby release and grant permission to the ECG Staff to render temporary first aid to me in the event of any injury or illness, and if deemed necessary by the ECG Staff to call a doctor to seek medical help, including transportation by an ECG Staff member, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for me should the ECG Staff deem this to be necessary.
- I assume full responsibility for all liability in connection with such Damages, and agree to indemnify ECG against any and all such claims and related costs.
- I certify: (i) that I am in good health and that I do not have any physical limitations which would preclude me from the safe use of the facilities and equipment related to the Programs offered by ECG; and, (ii) that I have sufficient health, accident and liability insurance to cover any Damages that may result as a result of my participation in the Programs, and if I have no such insurance, I certify that I am capable of personally paying for any and all such Damages.

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Signature of Participant

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Date