MINNESOTAFLYERS
GYMNASTICS AND FITNESS

Waiver

Please read and sign below to agree to our policies.

In consideration of my membership in Minnesota Flyers Gymnastics, Inc., and my participation in Minnesota Flyers Gymnastics, Inc. classes, events, activities, I agree to be bound by each of the following:

1. Eligibility: I agree to comply with all of the rules of Minnesota Flyers Gymnastics, Inc.
2. Readiness to Participate: I will only participate in those Minnesota Flyers Gymnastics, Inc., classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
3. Medical Attention: I hereby give my consent to Minnesota Flyers Gymnastics, Inc. and/or the Host Organization to provide, through a medical staff of choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
4. Waiver and Release:

a. I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and loses associated with the participation in gymnastics activities and events.

b. I give my consent for photographs taken of me to be used for publicity purposes: on the Minnesota Flyers Gymnastics website, in brochures and flyers and news releases, and in presentation to future prospective program participants. I understand that I will receive no compensation for such uses. I retain the right to have any photographs discontinued for use in any or all of the above venues upon requests, and if, at any time, I wish my photograph(s) to be discontinued for any of the above, it is my responsibility to contact the program director to make this request.

I waive and release all rights and claims for damages that I may have at anytime against Minnesota Flyers Gymnastics, Inc. for damages suffered by me, or my child in connection with my association or entry in gymnastics or other activities sponsored by Minnesota Flyers Gymnastics, Inc.

Student Name:_____ Grade:_____

Parent/guardian name (printed)_____

Parent/guardian signature_____ Date:_____