

**Please print clearly and return to a BIG Staff Member:**

Child's Name: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ F or M

Child's Name: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ F or M

Address: \_\_\_\_\_

Street City Zip

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Acknowledgment of Risk and Waiver of Liability**

As legal guardian for the student(s) listed above on this form, I consent to the named students' participation at Bay Island Gymnastics, LLC. I realize the potential for injuries, including paralysis or death, when participating in any activity involving motion and height. I understand that it is the intent of Bay Island Staff to provide for the safety and protection of all students, and injuries may still occur. I understand that children are not permitted in the activity areas without an instructor. I hereby forever release Bay Island Gymnastics, LLC and its employees from all liability, claims and for all damages and injuries occurring while on the premises, during participation/training at Bay Island Gymnastics, LLC or while performing at an event for Bay Island Gymnastics, LLC.

Furthermore, I hereby agree to provide for the possible future medical expenses which may be incurred by my child. I give my permission to the Bay Island Staff, as well as any medical professional, to administer emergency medical treatment to my child. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

**I have read and understand the Acknowledgment of Risk and Waiver of Liability and agree to the terms as written. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation or my child's participation, I may be found, by a court of law, to have waived my right to maintain a lawsuit against Bay Island Gymnastics, LLC on the basis of any claim from which I have released Bay Island Gymnastics, LLC herein. I have had sufficient opportunity to read and fully understand this waiver and agree to be legally bound by its terms.**



Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



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Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

