



**Gymnastics Waiver**

Carbon Valley Parks and Recreation District requires gymnastics participants to have an annual Gymnastics Waiver on file prior to participating in any CVPRD gymnastics class, program or activity. If participant is 17 years of age or younger, this waiver must be signed by a custodial parent or legal guardian to be in effect.

Participant Name:	Participant's Date of Birth:	Current Age:
Parent/Legal Guardian (Printed Name):	Phone Number:	Physical Address:
Parent/L.G. Email (please print legibly):	Primary Physician:	Physician's Phone Number:
Emergency Contact:	Emergency Contact's Relation to Gymnast:	Emergency Contact Phone Number:

**Participant Health History** (please check all that apply; a doctor's approval for participation may be required prior to commencing in CVPRD classes, programs, and activities)

Asthma	Epilepsy
Previously Broken Bones	Heart Conditions
• Which Bones? _____	Known Allergies
Diabetes	Other: _____

I agree and acknowledge that the activity/rental for which I have completed the designated registration form involves an inherent risk of injury that cannot be protected against by the Carbon Valley Parks and Recreation District (CVPRD), its staff, contractors or assistants. Therefore, I assume all risk involved or associated with the activity/rental. To the fullest permitted by law, I indemnify, hold harmless and release CVPRD, its staff, contractors and assistants from and against any and all liability, claims, loss or damage to the property or person resulting from participation in the activity/rental. By signing this form, I affirm that I have willingly decided to participate in the activity/rental and agree to all of the above terms and conditions.

In addition, by signing I agree to give CVPRD permission to publish in print, electronic or video format, the likeness or image of myself and/or family members, including children, for the general promotion of CVPRD and its programs.

\_\_\_\_\_ I would like to opt out of allowing CVPRD permission to publish in print, electronic or video format, the individual likeness or image of myself and/or family members, including children, for the general promotion of CVPRD and its programs.

Parent/Legal Guardian Signature

Date