



Participation Form

615-867-6900

Child's Name	Age	DOB
Address Line 1		
Address Line 2		Phone Number

How did you hear about us? _____

Please fill out this form, and bring with you to your class.

Liability, Consent To Treat & Media Release:

I hereby grant permission for my child to participate in all activities at E.T.C. Gymnastics, and all activities associated with E.T.C. Gymnastics that may be held at a different site. As with any physical activity, I understand that there are physical risks involved. These risks include, but are not limited to: minor injuries such as cuts, scrapes, and bruises; major injuries such as sprains, breaks, twists and tears; and catastrophic injuries such as paralysis and even death. I further understand that no matter how careful a coach, how ready a gymnast is, or how many mats & spotters are used, this risk is ALWAYS present. As the legal guardian, I hereby assume ALL risks. I release, indemnify, and do not hold liable any staff, coach, board member, or administrator of E.T.C. Gymnastics for such accidents.

Further, by signing this waiver, I agree to release my right to sue, or pursue any course of legal action against E.T.C. Gymnastics, its board members, its coaches, staff or administrators.

I also grant permission to any employee of E.T.C. Gymnastics to use reasonable first-aid measures and give consent for treatment in the unlikely event that I am unable to be contacted and a competent medical professional feels that my child needs medical attention. This includes minor medical treatment, and major medical treatment (including surgeries).

By enrolling in E.T.C. Gymnastics, I have given my permission for the use of my child/ children(s) name, picture, or image to be used for promotion, or advertising purposes. These images are properties of E.T.C. Gymnastics, and they have sole proprietary rights to them.

I have read, I understand, and I agree to the above statement:

Parent #1 Signature	Date	Parent #2 Signature	Date
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