



# SPECIAL EVENT REGISTRATION

Name of Guest

\_\_\_\_\_  
(First) (Last) M/NM D.O.B. Age

Address \_\_\_\_\_  
(number/street)

\_\_\_\_\_  
(City & Zip)

Home Ph. \_\_\_\_\_ Emergency Ph. \_\_\_\_\_

Known Medical Issues \_\_\_\_\_

\_\_\_\_\_

I fully understand that the staff of Olympica Gymnastics Academy are not physicians or medical practitioners of any kind. With that in mind, I hereby release Olympica Gymnastics Academy to render first aid to my child in the event of any injury or illness, and if deemed necessary to call Paramedics for which I agree to pay.

Parent / Guardian Signature \_\_\_\_\_

**RELEASE OF LIABILITY, WAIVER OF LIABILITY  
ASSUMPTION OF FULL RESPONSIBILITIES FOR ALL RISKS OF  
BODILY INJURY, DEATH, OR DAMAGES.**

As parent or legal guardian of \_\_\_\_\_, I give my consent for him/her to participate in the programs at the Olympica Gymnastics Academy. I understand that participation in gymnastics, trampoline, and related activities may result in unavoidable injuries due to the heights and motions involved. These injuries may include muscle strains and tears, broken bones, and severe injuries such as permanent paralysis or even death. I am fully aware of the risks and possibility of injury involved.

As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities of Olympica Gymnastics Academy.

I understand it is this gym's express intent to provide for the safety and protection of my child and in consideration for allowing the above named minor child to participate in activities with the Olympica Gymnastics Academy, I waive any and all rights or causes of action against the Olympica Gymnastics Academy for any injuries suffered by my child and other damages suffered by my child or myself while under the supervision or control of Olympica Gymnastics Academy and it's employees. This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date