



1250 South Clearview Avenue Suite 104
 Mesa, Arizona 85209
 480-654-9508
 gymnastics@dbgymclub.com

Participant Waiver, Release, Consent to Treatment Form 1

For Office Use Only

Previous Student:	Yes	No	Scheduled Trial Date:	Class Tried:				
Day:	M	T	W	TH	F	S	Time:	Recommended Level:

Participant First and Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:
Address (number and street). Apt. no., City, town or post office, state, and ZIP code:			

Mother's Name:	Mother's Email Address:	Mother's Phone Number:
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Father's Name:	Father's Email Address:	Father's Phone Number:
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Emergency Contact other than parent:	Emergency Contact Relation to Participant:	Emergency Contact Phone Number:
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LIABILITY RELEASE, INDEMNIFICATION AND CONSENT TO TREATMENT FORM: Prior to participation, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signature is required if 18 years of age or older and is helpful when age appropriate.

In consideration of Diamondback Gymnastics, allowing the gymnast to participate in sports activity, class, competition, team, including non-gymnastics activities such as dance, cheerleading, swimming and playground activities (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the gymnast and his or her parents or legal guardians):

(1) **Acknowledgment and Assumption of Risks.** I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the gymnast's actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, the negligence of the "Released Parties" named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost and damages that may result from the Activity and transportation to and from the Activity.

(2) **Representation of Ability to Participate.** I understand the nature of the Activity, and I represent that the gymnast is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for the gymnast, then it will be my responsibility immediately to discontinue the gymnast's participation in the Activity.

(3) **Release.** I hereby release, acquit, covenant not to sue, and forever discharge Diamondback Gymnastics, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity (collectively the "Released Parties") of and from any and all actions, causes of action, claims, demands, liability, losses, or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the gymnast's participation in the Activity and the transportation of the above named gymnast to and from the Activity (collectively the "Released Claims").

(4) **Indemnification.** I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney's fees (including the cost of any claim I might make or that might be made on my behalf or the gymnast's behalf that is released in this document), arising out of or connected in any way with any of the Released Claims.

(5) **Consent to Treatment.** I authorize Diamondback Gymnastics to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the gymnast require such assistance, transportation, or services as a result of injury or damage related to participation in the Activity. If the gymnast is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached.

I have read the Policies and Procedures for parents, spectators, and participants in the Activity and/or the Team Handbook, and agree to abide by all rules and conditions set forth therein and to accept the judgment of the program officials in this regard. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for the participant's protection. This consent shall remain effective until one year from the date below unless sooner revoked in writing and delivered to Diamondback Gymnastics, 1250 South Clearview Ave. Ste 104, Mesa, AZ 85209

I HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE, INDEMNIFICATION, CUSTODIAL PARENTS, AND CONSENT TO TREATMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent/Guardian (Diamondback Gymnastics is unable to accept digital signatures at this time)

Date: