

Martinsville Gym
391 Figsboro Rd.
Martinsville, Va. 24112
276-666-1001
www.blueridgegym.com



Danville Gym
1068 Riverside Dive
Danville, Va. 24540
434-792-1020
info@blueidgegym.com

WAIVER & RELEASE FROM

Participant's Name: _____ Birthdate ____/____/____

Parent Name: _____ Phone Number _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____

Emergency Contact: _____ Phone Number: _____

Blue Ridge Gymnastics is committed to conducting its activities in the safest manner possible. We hold the safety of the participants in the highest possible regard. Parents must recognize however that there is an inherent risk of injury when choosing to participate in recreational activities. Blue Ridge Gymnastics continually strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety.

RELEASE OF LIABILITY WAIVER:

WARNING! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY!

In consideration of Blue Ridge Gymnastics accepting myself or my child into participation and/or training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree, for myself or as my child's parent/guardian to assume responsibility for all risks, cost, or losses sustained by me, my child or my child's family in connection with participation in gymnastics classes, programs, lessons, meets, birthday parties, open gyms, camps, field trips or any other activities connected with Blue Ridge Gymnastics.

I give my permission to Blue Ridge Gymnastics staff and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of me or my child while under the supervision of Blue Ridge Gymnastics.

In case of an emergency, I understand that I or my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, the Blue Ridge staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached.

Further, I hereby release and agree to hold harmless and to indemnify Blue Ridge Gymnastics employees, owners and volunteers from any claims, losses or expenses incurred or on the behalf of me, my child or my child's family.

I have read and understand this "Release of Liability Waiver" and I voluntarily affix my name in agreement.

Participant's Name: _____ Date: ____/____/____

(If Participant is 18 Years or Older)

Parent/Guardian Signature _____ Date: ____/____/____

(Required, If Participant is under 18 Years old)