

Grand Rapids Gymnastics Academy Special Events Waiver

Your child will be using gymnastics equipment at Grand Rapids Gymnastics Academy. Because there is risk involved, you must fill out and sign this form or your child will not be permitted to participate.

Child's Name _____

Parent/Guardian Name _____

Liability Waiver

By signing below, you agree that you are aware that your child named above will be engaging in physical exercise involving sports, coordination and fitness training, which could cause injury to them. You further agree that your child is voluntarily participating in these activities and as a parent/guardian, you are assuming all knowledge of the injuries which may result from your child's participation. You hereby accept these risks and agree to waive any claims or rights that you may otherwise have to bring action or suit upon employees or owners for injuries that may occur as a result of these activities.

Parent/Guardian Signature _____

Date _____