

Gymnastics Training Center of CT

Simsbury Gymnastics Center, LLC

General Consent and Release Form

Safety is our primary concern at GTC. At the request of our insurance company, all participants must have a release form signed by a parent or guardian in order to participate. This release guarantees that our insurance company will insure your child for the activity provided by GTC. If you have any questions regarding this, you may contact Abby Ross at 860-658-7340.

Please take some time to review these rules with your child:

- STOP, LOOK, and LISTEN! Children should be instructed to listen and follow all safety rules given by the coaches.
- The coaches will instruct safety rules on each apparatus.
- Children are not permitted to be on the gym floor without a coach supervising.
- Adults are not permitted to be on the gym floor and assume all responsibility of their safety while in the gym.

Consent/Release:

We, the staff of the *Simsbury Gymnastics Center, LLC*, (GTC) recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, cheerleading, rock climbing, and participation in but not limited to bouncers and inflatables. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, trampoline, tumbling, and cheerleading can be dangerous and lead to injury. With the above in mind, I consent for said son(s)/daughter(s) participation in the activities offered at the *Simsbury Gymnastics Center, LLC*, including but not limited to gymnastics, cheerleading, vacation clubs, tumbling clinics, birthday parties, and rock climbing. I understand that gymnastics, trampoline, tumbling, cheerleading, and rock climbing are sports that involve height and rotation of the body, therefore, there are inherent risks involved. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against the *Simsbury Gymnastics Center, LLC* and I or its representatives whether paid or volunteer. I hereby release, discharge, covenant not to sue, and agree to indemnify releasees from all liability, claims, demands, losses, expenses, or damages on the minors account caused by or alleged to be caused in whole or in part by negligence of the releasees. Furthermore, I have read and understand the rules and policies as stated above.

I fully understand that the staff members at *Simsbury Gymnastics Center, LLC* are not physicians or medical practitioners of any kind. With the above in mind, I hereby release *Simsbury Gymnastics Center, LLC* and its staff to render first aid to my child or children in the event of an injury or illness. In addition, I authorize *Simsbury Gymnastics Center, LLC* and its staff to seek medical treatment at the nearest medical facility in case of emergency.

Participant's Name _____ DOB _____

Name of Event _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____