



Guest Waiver

Child's Name: _____ DOB: _____ Age: _____
Home Address: _____
Home Tel #: _____ Email: _____
Parents' Names: _____ Contact #: _____
Emergency Contact Name: _____ Emergency Contact #: _____
Medical facts we should be alerted to: _____

GUEST WAIVER AND RELEASE FORM

Assumption of Risk * Waiver of Liability * Photo Release * Medical Authorization

As legal guardian of _____, I hereby consent to the aforementioned person participating in All-Star Gymnastics Center Inc.'s programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, ninja, tumbling and trampoline. I hereby give my consent for my child to participate in any and all All-Star Gymnastics Center, Inc.'s programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for my or my child's participation, I hereby, for myself and my child and all our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE All-Star Gymnastics Center, Inc., its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

I am voluntarily allowing my child to participate in the programs and activities offered by All-Star Gymnastics, knowing that it is impossible to keep my child, myself or anyone entering the facility, safe from exposure to any infectious disease such as but not limited to COVID-19.

I am aware that individual and group photos and videos are taken from time to time and inconsideration for my or my child's participation I hereby grant my permission for my child's likeness to be used in All-Star Gymnastics Center, Inc.'s publicity or advertising.

In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold All-Star Gymnastics Center, Inc., and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child as a result of any injury sustained while participating at or for All-Star Gymnastics Center, Inc.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and PHOTO RELEASE and MEDICAL AUTHORIZATION. 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. I VOLUNTARILY affix my signature in agreement.

PARENT/LEGAL GUARDIAN's Signature _____ Date _____

5 Kidder Road * Chelmsford, MA 01824 * (978) 256-7766

www.all-stargymnastics.com