

WORKSHOP WAIVER

I willingly agree to comply with the stated and customary terms, rules and conditions for participation.

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf.

I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at GymStreet USA Corporation.

I am aware that there are inherent risks associated with participation in any or all programs, parties, and/or use of the play area and inflatable equipment, gymnastic apparatus and outside activities. I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants.

I, my heirs and assigns, next of kin, and all other acting on my behalf agree to waive any and all rights, claims, damages, actions, cause of action or suits of any kind or nature hereby release and hold harmless, GymStreet USA Corporation and their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from , any and all liability, loss, damage, costs (including medical expenses and attorneys fees), claims and/or causes of action, including but not limited to all bodily injuries, arising out of the participation in the programs and activities referred to herein, including as a result of negligence.

I understand that the staff of GymStreet USA Corp. are not physicians or medial practitioners of any kind. With that in mind I hereby release the authorization to render first aid to the participant(s) listed below in the event of any injury. If deemed necessary to call for an ambulance to be taken to the nearest hospital which I agree to pay.

Participant Name: _____ **Date of Birth:** _____

Email Address: _____

MEDICAL RELEASE

Doctor's Name: _____ **Phone #:** _____

I give my permission to GymStreet USA to make whatever emergency (i.e. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the gym.

In cases of a medical emergency, I understand that my child will be transported to **Winchester Hospital** by the local emergency unit for treatment, at my expense, if the local emergency resource (police, rescue squad) deems it necessary. It is understood that in some medical situation the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

Emergency Medical Information:

Drug Allergies/Special Medication Needs: _____

Chronic Disease/Other Health Problems: _____

Emergency Contact & Child Release Authorization (Please list all three)

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

By signing below I agree to the above conditions.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Phone: _____ Cell: _____ Work: _____

By checking this box I am indicating that **I DO NOT WISH** to have Pictures/Video taken/posted of my child.

