



CHILD WAIVER

FIRST FRIDAY

BIRTHDAY

FAMILY FUN TIME

PAY AS YOU GO

CAMP

TRIAL _____

PARENT/GUARDIAN _____ HOME PHONE (____) _____

EMAIL _____ CELL PHONE (____) _____

ADDRESS _____
Street City State Zip

EMERGENCY CONTACT _____ PHONE (____) _____

STUDENT 1 _____ MALE / FEMALE DATE OF BIRTH ___/___/___

STUDENT 2 _____ MALE / FEMALE DATE OF BIRTH ___/___/___

STUDENT 3 _____ MALE / FEMALE DATE OF BIRTH ___/___/___

STUDENT 4 _____ MALE / FEMALE DATE OF BIRTH ___/___/___

Are there any medical conditions to which Mismo should be aware? _____

Health Insurance Provider _____

Hospital Preference _____ Primary Doctor _____

In an effort to give appreciation to those who recommend our programs, please tell us how you heard about Mismo.

Friend/Family(name): _____ ChildCare(name): _____

Newspaper _____ YellowPages _____ Website _____ TV _____ Radio _____ Mailer _____ FormerStudent _____

Performance/Community Event (name or location): _____ Other: _____

**If your child(ren) were to appear in a photo taken on our premise or at an event, are we free to use it for marketing purposes? YES NO*

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, and cheerleading. I am also aware that participation in day camps, meets, halftimes, competitions, and other performances involves transportation to and from events and as a result my child could be killed in a vehicular accidents. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Mismo Gymnastics Programs, camps, and activities and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors hereby COVENANT NOT TO SUE and FOREVER RELEASE Mismo Gymnastics, its officers, director, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by my child while under instruction, supervision or control of Mismo Gymnastics Inc., including without limitation those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents. In the event of an accident or emergency I would like my above-mentioned child to be taken to a hospital for medical treatment and I hold Mismo Gymnastics, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of any injury sustained while participating at or for Mismo Gymnastics.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement. Signed and dated by parent or legal guardian.

PRINT parent/guardian name

Parent/Guardian Signature

Date