

WORLD CLASS GYMNASTICS AND CHEERLEADING  
PARENTAL PERMISSION AND MEDICAL CONSENT WITH LIABILITY RELEASE

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Street, City, & Zip code)

Phone: \_\_\_\_\_

The undersigned(s), being the lawful parent(s) and/or guardian(s) of the above child,(the "Child"), hereby consents to the participation by the Child in \_\_\_\_\_(activity) conducted by WORLD CLASS GYMNASTICS & CHEERLEADING, (name of Organizer), and to the participation of the Child in all events relating to the Activity beginning \_\_\_/\_\_\_/\_\_\_ through ON GOING.

In consideration of participating in a World Class Gymnastics and Cheerleading Activity or special event, I represent that I understand the nature of this Activity and that I am qualified in good health, and in proper physical condition to participate in that Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the activity, the conditions which the activity takes place, or the negligence of the "releases" names below; and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in this Activity.

Medical Consent

The undersigned hereby further authorizes any of the staff, employees, agents, and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses or other person whose services may be needed for such health care form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care should include the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to,administration of anesthesia, X-ray examination, performance or operations, diagnostic and other procedures.

If there is no medical emergency, the staff will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment. Notwithstanding other provisions in the Consent Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

I hereby release, discharge, and covenant not to sue E&K Industries, Inc. dba: World Class Gymnastics and Cheerleading, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered on of the "Releases:" herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operation and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

Parental Consent

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activity and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity, assume(s) all risk of injury or harm to the Child associated with participation in the Activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations and further agree that if, despite this release, I the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim, how so ever caused, arising or to arise by reason of or during the Child's participation in the Activity.

\_\_\_\_\_ Date \_\_\_\_\_  
(printed name of parent and/or legal guardian)

\_\_\_\_\_ Date \_\_\_\_\_  
(signature of parent and/or legal guardian)

**Child Care Information & Instructions**

Child's Name	
Child's Nickname	
Child's Age	

**Parent(s) & Other Contacts**

Mother's Name	
Father's Name	
Address of Parent:	
Home Phone #	
Work Phone #	
Cell Phone #	
Other	
Second Contact Name	
Relationship	
Phone #	

**Medical / Health Insurance Care Information**

Child's Doctor Name	
Office Phone #	
After Hours Phone #	
Health Insurance Company	
Group or Policy #	
Phone #	
Medications	
Allergies	
Immunizations	
Special Conditions	