



TRIAL CLASS FORM

CHILDS FULL NAME: _____

PARENTS FULL NAME: _____

TRIAL CLASS: _____ INSTRUCTOR: _____

DATE: _____ Phone Numer: _____

- **Assumption of Risk**

I am aware that participation in the sport of gymnastics will be a dangerous activity involving MANY RISKS OF INJURY!!! The above named student(s) has/have had a medical examination in the last twelve months and is/are capable of participating in the sport of gymnastics. In the event of injury, every effort will be made to contact the parents/legal guardian. If necessary, I authorize The Tumble Gym, LLC , administer first aid. STUDENTS ARE EXPECTED TO CARRY THEIR OWN ACCIDENT AND MEDICAL INSURANCE!!! I agree to be responsible for any medical bills incurred resulting from injury during the above named student(s) participation at The Tumble Gym, LLC.

I've read the above and agree. _____ (Sign Here)

- **Release of Liability**

I, the undersigned, understand and acknowledge that participation in gymnastics can be hazardous and realize that no one should enter this activity unless the participant is medically able. By permitting my child to participate in classes or on at The Tumble Gym, LLC., I understand and acknowledge the fact that gymnastics, and gymnastics related activities always involve certain degrees of risk of injury to the participant, including but not limited to: death, serious neck and/or spinal injuries resulting in complete or partial paralysis, brain damage, and serious or minor injury to virtually all bones, joints, muscles and organs; further understanding that all the mats, pits and other equipment provided for my child's protection, including the active participation of an instructor who may spot or assist in the performance of certain skills, may not be able to prevent injury. In order for my child to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize The Tumble Gym, LLC., and their staff members to obtain medical treatment including transportation to a medical facility. I hereby hold them and their representatives harmless in their exercise of this authority. I acknowledge such risks, and hereby release The Tumble Gym, LLC., its owners and employees, jointly and severally, from any and all personal injury claims arising through or from participation in activities as a student of The Tumble Gym, LLC., whether occurring in upon the premises of Valley Dance and Cheer, Raleigh School of Gymnastics or while participating in exhibitions off the premises. I assume full financial responsibility for any medical treatment obtained in the event of injury or illness.

I've read the above and agree. _____ (Sign Here)