

MEKS GYMNASTICS ACADEMY

Parent Inspired. Coach Supported. Gymnast Focused.

Student Name: _____ Birthdate: _____

Parent Name: _____

Parent Email: _____

Parent Cell Phone: _____

Waiver of Liability:

As legal guardian of my designated student(s) (student(s)), I hereby consent to all student(s) participating in this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including tumble tramp, trampoline, dance, gymnastics, and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

In the event of illness or injury during participation with MEKS Gymnastics and a parent cannot be reached, the staff of MEKS Gymnastics may authorize medical care and treatment and/or ambulance transportation for the above named participant.

Photography Release:

I Give permission for photographs taken of my child during classes or events including open gyms to be used on MEKS Gymnastics Academy social media accounts, including but not limited to: Facebook, Instagram, and Twitter.

I understand that my child will not be singled out and photographed by MEKS Staff. My child will not be removed from class to be photographed.

Parent or Guardian Signature

Date