

Make checks payable to Canyon Creek

\$35.00 Compulsory \$40.00 Optional

Team Name: _____

Coach: _____

Phone number: _____

Address: _____

Fax: _____

Email: _____



Parents: Please read the above waiver, and sign the form below

Medical Release Form

- **Eligibility:** I agree to comply with the rules of Canyon Creek Gymnastics & Tumbling.
- **Participation:** I consent to have my child or children participate in the programs offered by Canyon Creek Gymnastics & Tumbling. I, my executors, or other representatives, forever waive and release all rights and claims for damages that I or my child may have against Canyon Creek Gymnastics & Tumbling and / or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.
- **Medical Attention:** I fully understand that Canyon Creek Gymnastics & Tumbling staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Canyon Creek Gymnastics & Tumbling staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Canyon Creek Gymnastics & Tumbling staff to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation by a Canyon Creek Gymnastics & Tumbling staff member or its representatives, whether paid or volunteer, or the calling of an ambulance for said child should the Canyon Creek Gymnastics & Tumbling staff deem this necessary.
- **Waiver:** I am aware that I should make my child or children aware of the possibility of injury and will encourage my children to follow all the safety rules and the coaches' instructions. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further understand that it is the parents' responsibility to warn their children about the dangers of gymnastics and injury. Canyon Creek Gymnastics & Tumbling, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, trampoline, tumbling, cheerleading, or dance instruction, or open workouts or in the case of any exhibition, competition, or clinic in which my children may participate while traveling to or from the event. I also agree that Canyon Creek Gymnastics & Tumbling, its coaches and other staff members, shall not be liable for any losses or damages occurring as a result of my children's participation in the event. Canyon Creek Gymnastics & Tumbling will only warn the child through "Safety Messages" and our teaching style and progressions.

I do hereby verify that I have read and understand and accept each of the above policies and conditions shown by my signature below.

	First Name	Last Name	TAAF #	Level	Division	Parents Signature
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