RIVER CITY GYMNASTICS & CHEER
EVENTS REGISTRATION FORM / WAIVER FORM
EVENT NAME:_____DATE:_____

CHILD(REN) INFORMATION	
CHILD (1)	Name _____Gender M / F Age_____Birthday_____ Any Medical Restrictions/ Allergies_____
CHILD (2)	Name _____ Gender M / F Age _____ Birthday _____ Any Medical Restrictions/ Allergies_____
CHILD (3)	Name _____ Gender M / F Age _____ Birthday _____ Any Medical Restrictions/ Allergies_____

PARENT/GUARDIAN INFORMATION	
PARENT	Name _____ Preferred Phone Number_____ Email Address _____City_____State_____Zip_____

ASSUMPTION OF RISK/WAIVER OF LIABILITY: As the parent/legal guardian of the above-mentioned person(s), I am fully aware of the potential dangers, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a sport or activity involving height or motion. I am fully aware that height and motion are inherent to the programs offered by River City Gymnastics and Cheer. ("RCGC"), and I hereby give my consent for my child(ren) or the person I am guardian for, to participate. I, as the parent or guardian of the above-mentioned person(s), agree and acknowledge that I have made a voluntary choice to allow my child(ren) or person I am guardian for, to participate in these activities at RCGC with the risk that such activities present. In consideration of being permitted to participate in a gymnastics or fitness instructional program, event or competition, at RCGC I agree to assume any and all risk of injury or death which might be associated with, or result from the participation in such activities by my child(ren)'s or the person I am appointed guardian for. I agree to accept all responsibility for the risks, conditions and hazards which may occur whether now known or unknown, on behalf of myself and/or my child(ren) or for the person I am appointed guardian for. I further agree that I will accept and abide by all rules and regulations of RCGC as well as any and all obligations that may be imposed by law. I further agree to indemnify and hold harmless RCGC, its affiliates, owners, directors, sponsors, agents and their heirs and assigns, for any claim, demand, losses, or damages arising out of any personal injury or property damage to me, to my child(ren), or to the person I am guardian for, or any other person as a result of participation in this activities by my child(ren) or by the person I am guardian for.

PERMISSION TO TREAT: I fully understand that RCGC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby provide my express consent that RCGC staff may call our doctor, _____ , at telephone no._____ , and in addition, may seek medical help, including transportation, such as the calling of an ambulance for my child(ren) or the person I am guardian for. I agree to provide for all medical expenses incurred by me as a result of injury sustained by my child(ren) or the person I am guardian for, while participating at RCGC.

SIGN HERE	**I have fully read and understand this agreement and all of its terms. I have signed this agreement freely and voluntarily agree that it is binding upon me, my child(ren) or the person I am guardian for, including my heirs, assigns and legal representatives**. **Signature of Parent/Legal Guardian** _____Date _____