

# Youth Gym Participant Parental Waiver

Participant Full Name

Date of Birth

YYYY-MM-DD

Parent/Guardian Name

Contact Information (Phone/Email)

## Waiver and Release of Liability

I, the undersigned parent/guardian, hereby acknowledge and agree that participation in gym activities involves inherent risks of injury. I voluntarily assume all risks on behalf of my child and agree to release and hold harmless the facility, its staff, and affiliates from any and all claims arising from participation in gym activities.

## Emergency Medical Authorization

In the event of an emergency, I authorize the staff to seek necessary medical care for my child and agree that I shall be responsible for any related costs.

Parent/Guardian Signature

Date

Staff/Witness Signature

Date

*This waiver must be completed and signed by a parent or legal guardian prior to participation.*