

# Ark WinGS Gym Medical Release Form

Office Use Only:  
Trial Class: \_\_\_\_\_  
Fee: \_\_\_\_\_ Paid: \_\_\_\_\_

## Participant Information:

Student Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Please circle: Male Female

## Parent/Guardian Information:

Mother/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Insurance Information:

Medical Insurance Carrier: \_\_\_\_\_ Insurance Policy & Group #: \_\_\_\_\_

By signing this waiver, I hereby consent for my child to be treated by the staff at Ark WinGS Gym, if my child is injured and I cannot be contacted. I also agree to the guidelines and policies stated by Ark WinGS Gym.

X \_\_\_\_\_

Signature – Participant or Parent/Guardian (If under 19) Date

X \_\_\_\_\_

Printed – Participant or Parent/Guardian Date

## Acknowledgement of Risk and Waiver of Liability

I hereby consent for my child to participate in the programs offered by Ark WinGS Gym. I acknowledge and recognize that the sport of gymnastics and tumbling have potential for severe injuries, including sprains, strains, broken bones, or life-threatening injuries during their practice. **I UNDERSTAND AND ACCEPT THAT RISK.** I also acknowledge and realize that my child will be training on all gymnastics equipment, floors, and other training devices like the trampoline. I understand and accept that my child will follow all the safety rules and coaches' instructions in the gym.

I hereby release Ark WinGS Gym coaching and administrative staff from all liability for any and all damage and injuries suffered by myself/my child while under the instruction, supervision, or control of Ark WinGS Gym. I fully understand that Ark WinGS Gym staff is not medical practitioners of any kind. I give permission for Ark WinGS Gym staff to render any temporary first aid to my child in the event of any illness or injuries at the gym and to call a doctor or ambulance if deemed necessary at the time.

## Photography and Appearance Clause

I give Ark WinGS Gym permission to use my child's picture in social media advertising and/or advertising in literature or media for Ark WinGS Gym. This includes photography for events at Ark WinGS Gym and events sponsored and conducted by us. I have read and agree to the above risk and liability release and photography and appearance clause.

X \_\_\_\_\_

Signature – Participant or Parent/Guardian (If under 19) Date