



# Trial Class & Event Registration Waiver

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address(s): \_\_\_\_\_

Mother: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

RTPGA Event (Circle one): Trial Class: \_\_\_\_\_

Open Gym   Parents Night Out   Private Lesson   Birthday Party

## Medical Release & Policy Acknowledgment

With knowledge of the risk of possible injury, disability or death from participation in gymnastics and/or tumbling. I/the parent/legal guardian of the "student" mentioned above grant permission for the "student" to participate in gymnastics, tumbling, or any event being held at REFLEX The Pearland Gymnastics Academy.

I hereby give my consent to REFLEX The Pearland Gymnastics Academy supervisors and employees for any medical treatment needed for "student" when I cannot be contacted and in the judgement of any prospective treating doctor, is immediately and medically necessary to treat any injury sustained by the "student."

By granting permission for "student" to participate I release REFLEX The Pearland Gymnastics Academy, its supervisors and employees from any and all liabilities that may arise due to any injury including death to "student" by reason "student's" participation in any activity at REFLEX The Pearland Gymnastics Academy or in which REFLEX The Pearland Gymnastics Academy is participating elsewhere.

I have read, understand & execute this release and acknowledgement:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_