



Dynamics Gym Special Events Waiver Form

Open Gym – Birthday Parties – Parents Night Out

If you are not currently a member of Dynamics Gym, this waiver form must be completed in order for you to participate. Waiver forms will be held on file for the remainder of the year should you participate in another event this year.

Guest Name: Last name _____ First _____ DOB _____ M F

Address _____ Home # _____

City _____ State _____ Zip _____ Parents Name _____

Person to call in EMERGENCY if parents cannot be reached: Name _____

Home # _____ Cell # _____ Other _____

I realize that I am responsible for all medical expenses for my child that may be needed due to their participation at your facility, and/or under your supervision. I understand that participation in gymnastics and related activities involves motion, rotation and height in a unique environment and as such, carries with risk of injury. I am voluntarily allowing my child to participate in this activity with knowledge of risk involved, and hereby agree to accept any and all inherent risk of property damage, personal injury or death. I hereby release Dynamics Gymnastics Center, LLC, its affiliates, agents, owners and employees from any liability for accidents while participating at Dynamics Gymnastics.

I hereby state that my child has no mental or physical conditions that prohibit full participation in gymnastics. I also agree to inform Dynamics Gymnastics of any condition that Dynamics Gymnastics Center's staff should be aware of in dealing with the student during normal activities or in case of any emergency. All safety rules must be observed. No jewelry is to be worn and no food or gym will be consumed in the gym. Dynamics Gymnastics Center will not be responsible for any personal items brought.

Parent or Legal Guardian's Signature _____ Date _____