



Martinsburg- Berkeley County Parks and Recreation

273 Woodbury Avenue, Martinsburg, WV 25404

Phone: (304) 264-4842 Fax (304) 264-4920

www.mbcparcs-rec.org

2011 Gymnastics Liability Waiver

Dear Parent: This waiver must be filled out, signed and dated by you before your child will be allowed to participate in a Flip Over Gymnastics Open Gym at the Berkeley 2000 Recreation Center.

LIABILITY WAIVER: As a parent (legal guardian) of the below named minor, I grant permission for this minor to participate in gymnastics events during open gym. I assume all risks and hazards incidental to participating in gymnastics. I do hold harmless the Martinsburg-Berkeley County Parks & Recreation Board, the instructors, and all other volunteers, participants, and organizers for any claims arising out of injury to my child except to the extent and the amount covered by accident or liability.

MEDICAL RELEASE: I further grant permission for emergency first aid to be given to my child in the case of injury. If necessary, I grant permission for my child to be taken to the emergency room of a nearby hospital, and its staff had my authorization to provide treatment which a physician deems reasonably necessary for the well being of my child.

MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT: I will instruct my child (the minor participant) to carefully follow all gymnastics safety rules. I/We will fully understand that: (1) There are risks and dangers associated with participation in gymnastic events and activities, including, but not limited to those of bodily injury, partial and/or total disability, paralysis, and death. (2) This social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe. (3) These risks and danger may be caused by the negligence of the participant of the negligence of others. (4) There may be other risks not known to us or not reasonably foreseeable at this time. I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis, or death, however caused or alleged to be caused in whole or in part by the negligence of the Recreation Board, other participants, or employees.

INFORMATION CHANGE: I understand that I am responsible for contacting Flip Over Gymnastics office staff concerning any changes to the information below.

PLEASE PRINT

Name of Child: _____

Name of Child's Parent/ Guardian: _____

Address _____

Age: _____ Birth date _____ Home Phone: _____

Medical Concerns: _____

Emergency Contacts: _____

Parent / Guardian Signature: _____ Date: _____