

CLINTON TURNVEREIN – GYMNASTICS PROGRAM

AGREEMENT

In consideration of my child's participation in Clinton Turnverein classes, events, and activities, I/my child agree to be bound by each of the following:

1. My child agrees to comply with the rules of Clinton Turnverein.
2. I fully understand that it is my responsibility to review with my child all of the rules and safety policies of the Clinton Turnverein.
3. My child will only participate in those Clinton Turnverein classes, events, and activities for which I believe my child is physically and psychologically prepared. Prior to participation, my child will have practiced his/her exercises and will perform only those exercises which he/she has accomplished to the degree of confidence necessary to assure that my child can perform them by him/herself, and without injury.
4. Medical Attention: I hereby give consent to Clinton Turnverein and/or the Host Organization to provide, through a medical staff of its choice customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation.

WAIVER OF LIABILITY

Waiver and release: I am fully aware of and know the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with my child's participation in gymnastics activities and events. I understand that any activity involving height or motion can incur the risk of accidental injury. I further agree that the Clinton Turnverein, and the sponsor of any Turnverein events, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of a child's participation in the event. Gymnastics can be dangerous and can lead to injury!

I, as the parent and legal guardian of my child, will make my child aware of the possibility of injury, and I will encourage my child to follow all the safety rules and the coaches' instructions.

The Clinton Turnverein, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics instruction, open workouts, or in the course of any exhibition, competition, or clinic in which the student may participate in, or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the programs offered by Clinton Turnverein. I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against the Clinton Turnverein and/or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which is considered adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Clinton Turnverein will only warn the child through "Safety messages" and our teaching style and progressions.

As legal parent or guardian of the athlete, I hereby verify by my signature below that I fully understand and accept the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Clinton Turnverein.

Printed name of parent or guardian _____

Signature of parent or guardian _____ Date _____

OFFICE USE ONLY

Member Membership # _____ Class student is assigned to: _____

Session (1) Fee _____ Amount Paid _____ Check # _____ (cash) (money order)

Date ____/____/____ Balance Due _____ Check # _____ (cash) (money order)

Session (2) Fee _____ Amount Paid _____ Check # _____ (cash) (money order)

Date ____/____/____ Balance Due _____ Check # _____ (cash) (money order)