

BIRTHDAY PARTY Youth Sports, Virginia Training Center: Participation Waiver and Release Form

NAME: _____

DATE OF BIRTH: _____

ADDRESS _____

EMERGENCY PH# _____

ALLERGIES/MEDICAL: _____

I fully understand that Virginia Sports Training Center staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Virginia Sports Training Center staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Virginia Sports Training Center staff to call our doctor and to seek medical help, including transportation by a Virginia Sports Training Center staff member or its representatives, whether paid or volunteer, to seek any health care facility or hospital, or the calling of an ambulance for said child should the Virginia Sports Training Center staff deem this to be necessary.

INITIAL _____

We, the staff of Virginia Sports Training Center recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, jump rope, trampoline, tumbling, cheerleading, fencing, martial arts and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, jump rope, trampoline, tumbling, and cheerleading. can be dangerous and lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instructions. The Virginia Sports Training Center, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, jump rope, trampoline, tumbling, cheerleading, or open workouts or in the case of any exhibition, competition or clinic in which he or she may participate while traveling to or from the event.. With the above in mind, and being fully aware of the risks and possibility on injury involved, I consent to have my child or children participate in the programs offered by Virginia Sports Training Center. I, my executors, or representatives, waive and release all rights and claims for damages that I or my child may have against Virginia Sports Training Center 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 I consider 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. Virginia Sports Training Center will only warn the child through "Safety Messages" and our teaching styles and progressions.

I/We also give Virginia Sports Training Center permission to use any videos or photographs of the participant for publicity or promotional purposes.

(Adults participating must sign also)

Parent/Guardian Signature: _____

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