

Please bring this completed waiver with you to the party.
Medical Authorization / Assumption of Risk / Waiver of Liability

As legal guardian of _____, I fully understand that Black Diamond Gymnastics LLC. staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release the Black Diamond Gymnastics LLC. staff to render temporary first aid to my child in the event of any injury or illness, or seek medical help, including transportation by a Black Diamond Gymnastics LLC. staff member, or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should it be deemed necessary.

I recognize that potentially severe injuries can occur in sports or activities involving height or motion, including gymnastics, tumbling and trampoline. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in the birthday party at Black Diamond Gymnastics LLC., and I accept all risks associated with participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby covenant not to sue and forever release Black Diamond Gymnastics LLC., its officers, representatives, employees or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of Black Diamond Gymnastics LLC. including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, representatives, employees or agents.

I have read and understand this Medical Authorization, Assumption of Risk and Waiver of Liability and I voluntarily affix my name in agreement.

By signing below, I give permission for Black Diamond Gymnastics LLC. to photograph my child for marketing purposes. I understand that Black Diamond Gymnastics will not identify names with images, unless permitted.

Parent or Legal Guardian's Signature	Printed Name	Date
Participant Name: _____ Date of Birth: ____ / ____ / ____		
Address: _____ City: _____ Zip: _____		
Emergency phone number if dropping off: _____		

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