



Cruces Gymnastics Academy
1442 Certified Place
P.O. Box 2103
Las Cruces, NM 88004
575-527-9113

Medical Release and Liability Waiver

We, the staff of Cruces Gymnastics Academy (CGA) recognize our obligation to make the students and their parents aware of the risks and hazards associated with the sports of gymnastics, tumbling, cheerleading and dance. Students may suffer injuries, possibly minor or catastrophic in nature. Gymnastics, tumbling and cheerleading can be dangerous and can lead to injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and coaches' instructions.

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

I certify that I am the parent or legal guardian for my child(ren). With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by CGA. I, any other executors or representatives, hereby waive, release and forever discharge Cruces Gymnastics Academy and associated staff member, coach or other team administrator, whether paid or volunteer, from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in CGA activities, whether or not damages or loss is due to negligence.

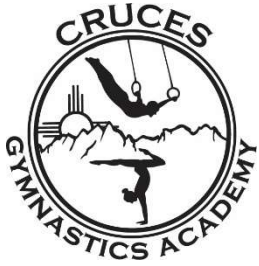
I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels appropriate. CGA will only warn the child through "Safety Messages" and our teaching style and progressions.

I fully understand that CGA staff members are not physicians or medical practitioners of any kind. I hereby release the CGA staff to render temporary first aid to my child or children in the event of any accident, injury or illness, and if deemed necessary by the CGA staff to call our doctor and to seek medical help, including transportation by a CG staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the CGA staff deem this to be necessary. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment. I hereby acknowledge that my child is physically fit and capable of participation in all CGA activities.

Parent or Legal Guardian's Printed Name: _____

Parent or Legal Guardian's Signature: _____

Date: _____



Cruces Gymnastics Academy

Office Use Only

F/L Date: _____

Other: _____

Child's Name: _____ **Age:** _____ **Date of Birth:** _____

Home Phone: _____ **Address:** _____

Parent/Guardian 1: _____ **Cell:** _____ **Work Phone:** _____

Email: _____ **Employer:** _____

Parent/Guardian 2: _____ **Cell:** _____ **Work Phone:** _____

Email: _____ **Employer:** _____

Child's Physician: _____ **Phone:** _____ **Hospital preferred:** _____

Health Information: (pre-existing conditions, previous injuries, diagnosed illnesses we should be aware of: _____

Allergies: _____ **On Medication:** **Type of medication:** _____

Emergency Contact: _____ **Phone:** _____

Relationship: _____

Insurance: _____ **Policy #:** _____ **Phone:** _____

WAIVER ACKNOWLEDGEMENT

I acknowledge that I have read and agree to the waiver on the back of this sheet.

Parent/Guardian Signature: _____ **Date:** _____