

**GLEASON'S WAIVER & RELEASE FORM**

Participants Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Participants Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Activity: \_\_Class \_\_Birthday Party \_\_Open Gym \_\_Field Trip \_\_Other \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_  
(if applicable)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Waiver and Release**

**WARNING! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY**

In consideration of Gleason's Gymnastic School accepting myself or my child into participation and/or training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree, for myself or as my child's parent/guardian to assume responsibility for all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons, meets, birthday parties, open gyms, field trips or any other activities connected with Gleason's.

I give my permission to Gleason's Gymnastic School and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my self or my child while under the supervision of Gleason's Gymnastic School.

In case of an emergency, I understand that I or my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached.

Further, I hereby release and agree to hold harmless and to indemnify Gleason's Gymnastic School employees, owners or volunteers from any claims, losses or expenses incurred or on the behalf of me, my child or my child's family.

Speaking for myself or as a legal guardian of this participant, I hereby verify by my signature below, that I fully understand and accept each of the above conditions for participating or for permitting my child to participate in activities at Gleason's Gymnastic School.

**Consent to Photograph and Media Release:** I understand that my child's photograph or video may be taken during the course of class instruction, during a special event at Gleason's Gymnastic School or at a function sanctioned by Gleason's. I hereby grant permission to Gleason's Gymnastic School to use my child's photograph or likeness in any publicity or promotional publications. (e.g., web site, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**If participant is 18 years or older**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**If participant is under 18 years of age**

Email address \_\_\_\_\_ Gleasons will neither sell nor share you email address. Email addresses will be used for communication purposes only.