

WORLD CLASS GYMNASTICS AND CHEERLEADING
PARENTAL PERMISSION AND MEDICAL CONSENT WITH LIABILITY RELEASE

Child's name (1) _____ Date of birth _____

Child's name (2) _____ Date of birth _____

Address: _____ Phone: _____
(street) (city/state) (zip)

The undersigned(s), being the lawful parent(s) and/or guardian(s) of the above child, (the "Child"), hereby consents to the participation by the Child in _____ (activity) conducted by **WORLD CLASS GYMNASTICS & CHEERLEADING**, ("Organizer"), and to the participation of the Child in all events relating to the Activity beginning ___/___/___ through ON GOING.

In consideration of participating in a World Class Gymnastics and Cheerleading Activity or special event, I represent that I understand the nature of this Activity and that the Child is qualified, in good health, and in proper physical condition to participate in that Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own or the Child's actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I and/or the Child incur as a result of the Child's participation in this Activity.

Medical Consent

The undersigned hereby further authorizes any of the staff, employees, agents, and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses or other person whose services may be needed for such health care form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the Child. Health care may include but not be limited to, administration of anesthesia, X-ray examination, performance or operations, diagnostic and other procedures.

If there is no medical emergency, the staff will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment. Notwithstanding other provisions in this Consent Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

I hereby release, discharge, and covenant not to sue EMG World Class, Inc. dba: World Class Gymnastics and Cheerleading, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "Releasees" herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence or strict liability of the "Releasees" or otherwise, including, without limitation, negligent rescue operation, and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf or behalf of the Child, makes a claim against any of the Releasees, I will indemnify, defend, save and hold harmless each the Releasees from any loss, liability, damage, or cost, which may incur as the result of such claim.

Parental Consent

AND I, the Child's parent and/or legal guardian, understand the nature of the above referenced Activity and the Child's experience and capabilities and believe the Child to be qualified to participate in such Activity, assume(s) all risk of injury or harm to the Child associated with participation in the Activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY, DEFEND, AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on my or Child's account caused or alleged to have been caused in whole or in part by the negligence or strict liability of the Releasees or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the Child, or anyone on the Child's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, DEFEND, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim, how so ever caused, arising or to arise by reason of or during the Child's participation in the Activity.

(printed name of parent and/or legal guardian)

Date _____

(signature of parent and/or legal guardian)

Date _____

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Child Care Information and Instruction

Child's Name	Nickname	Age
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Parent(s) and/or Guardian and Other Contacts

Mother's Name _____ Father's Name _____

Address of Parent _____
Street City St Zip Code

Home Phone #		(mother)	Home Phone #		(father)
Cell Phone #		(mother)	Cell Phone #		(father)
Work Phone #		(mother)	Work Phone #		(father)

Address of Parent (if different) _____
Street City St Zip Code

Second Contact Name (if unable to reach parent/guardian) _____

Relationship _____ Phone # _____ Cell # _____

Medical/Health Insurance Care Information

Child's Doctor Name _____

Office Phone # _____ After Hours Phone # _____

Health Insurance Company _____

Group or Policy Number _____ Phone # _____

Medication(s) _____

Allergies _____

Immunizations _____

Special Conditions or Concerns _____

As parent and/or legal guardian of the above named child(ren), I state, under penalty of perjury, that all information regarding medical/health insurance is accurate and in effect at the time of signing this consent form.

(signature of parent/legal guardian) Date _____