



2008-2009 Oakland Gymnastics Training Center

CONFIDENTIAL MEDICAL WAIVER RELEASE INFORMATION



PLEASE PRINT LEGIBLY ALL INFORMATION

It is important that the following questions are fully answered as needed so that should an emergency occur, we will be able to provide adequate information regarding your child until you can be notified to avoid unnecessary complication. THIS FORM MUST BE COMPLETED, SIGNED AND ON FILE WITH THE OFFICE BEFORE PARTICIPATING IN CLASS!

Student Name _____ Birthdate _____ Height _____ Weight _____

PRINT Name of Parent(s) LegalGuardian _____

Address _____
Street Apt. # City Zip Code

CELL Phone# _____ Home Telephone # _____ E-MAIL ADDRESS _____

IN CASE OF AN EMERGENCY PERSON TO CALL (other than parent) _____
Name Relationship Phone Number

PEDIATRICIAN _____ Phone: _____ Hospital of Choice _____

OUR FAMILIES PRIMARY MEDICAL INSURANCE CARRIER IS: _____

NAME OF CLASS ATTENDING _____ DAY ATTENDING _____ CLASS TIME _____

→SECTION I CONFIDENTIAL Emergency Health History

My Child's Health is generally: Excellent ___ Good ___ Fair ___ Poor ___

- | | | |
|-----|-----|--|
| YES | NO | |
| ___ | ___ | Is your child under regular or continuous care of a doctor (any specialty?) |
| ___ | ___ | Does your child have ADD? If Yes, please list medication _____ |
| ___ | ___ | Experienced any bone/joints fractures, breaks or disorders? If YES, please list type and date: _____ |
| ___ | ___ | Muscle deficiencies or sensitive concerns _____ |
| ___ | ___ | Organ transplants or surgical sensitivity _____ |
| ___ | ___ | Respiratory problems or Shortness of Breath? _____ |
| ___ | ___ | Asthma - If YES, to what extent? _____ |
| ___ | ___ | Vision Problems _____ |
| ___ | ___ | Hearing Problems - If Yes, to what extent _____ |
| ___ | ___ | Convulsions/seizures or epilepsy diagnosed _____ |
| ___ | ___ | Frequent Bloody Nose _____ |
| ___ | ___ | Heart Problems _____ |
| ___ | ___ | Diabetic _____ |
| ___ | ___ | VACCINATIONS Up to date |
| ___ | ___ | DTP, MMR, Polio, Hepatitis B |
| ___ | ___ | Dental Problems _____ |
| ___ | ___ | Speech Concerns _____ |
| ___ | ___ | Does your child take any medication regularly? If YES, please list type and reason: _____ |

___ ___ Anxieties, fears or concerns (equipment, people, etc.) _____

ALLERGIES

- | | | |
|-----|-----|--------------------------|
| ___ | ___ | Medications - List _____ |
| ___ | ___ | Foods - List _____ |
| ___ | ___ | Others - _____ |

Please explain any additional medical restrictions or health conditions not listed or identified above that could affect usual active participation in gymnastics classes: _____

→SECTION II Minor - Participants RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of participating in the Oakland Gymnastics Class/Activity, I represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such 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 actions, or inactions, those of others participating in the event, the conditions in which the event 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 incur as a result of my participation in the Activity.

I hereby release, discharge and covenant not to sue Oakland Gymnastics Training Center, 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 of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability and assumption of risk I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save and hold harmless each of the releasees from any loss, liability, damage or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement of assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force effect

(Parent signs for MINOR) _____ Date

PARENTAL CONSENT

AND, I the minor's parent and/or legal guardian, understand the nature of the above reference activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf make a claim against any of the above releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the releasees from any litigation expenses, attorney fees, loss liability, damage or cost any releases may incur as the result of any such claim.

Signature of Parent/or Legal Guardian _____ Date

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Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Adult Participants: Classes, Birthday Parties, Sleep Overs, and Any Other Adult Participant Activities

In consideration of participating in the _____ Class/Activity and I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the 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 actions, or inactions, those of others participating in the event, the conditions in which the event 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 incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Oakland Gymnastics Training Center, 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 other 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 of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability and assumptions of risk I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any loss liability, damage, or cost, which any may incur as the result of such claim.

I have read the Release And Waiver Of Liability, Assumption Of Risk, And Indemnity Agreement, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full for and effect.

Printed name of Participant

Date

Signature of Participant

Model Release

I hereby consent that my name and photographs taken and presented by this photographer may be used by Oakland Gymnastics for the purpose of display, portfolio, advertising, website or any publication to promote her gym name. I also agree that the images can be used without additional compensation to the undersigned. I am of full age and have the right to contract in my own name. I have read the model release and fully understand the contents thereof.

I have legal authority to grant these permissions and I accept all responsibility for such.

Name _____ Age _____

Signature _____ Date _____

If under 18, we will need a parent or legal guardian's signature.

Name of Parent or Guardian _____

Signature _____ Date _____