

# Indiana Gymnastics Center

## Open Gym / Birthday Consent Form

I hereby give permission for \_\_\_\_\_ to participate at Indiana Gymnastics Center for Open Gym. Further, I authorize the center to provide emergency treatment for an injury to my child if qualified medical personnel consider treatment necessary. This authorization is granted only if I cannot be reached. My child and I are aware that participating in gymnastics is a potentially hazardous activity. I assume all risks associated with this sport, up to and including serious injury and death, and exposure to COMMUNICABLE DISEASES INCLUDING COVID-19. I understand that my child may be photographed and images may be used on social media/website/advertising.

I also understand that all open gym participants are expected to follow gym rules, as specified by gym instructors. Any child not following these rules will be removed from the gym floor. Waiver good for 1 month.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

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