

Indiana Gymnastics Center

Field Trip Consent Form

I hereby give permission for _____ to participate at Indiana Gymnastics Center for a field trip. 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 field trip 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 field trip.

Name of school: _____

Parent Signature

Date

Phone Number

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