

Please bring this completed waiver with you to the party.

As legal guardian of _____, I fully understand that Black Diamond Gymnastics LLC. dba Black Diamond Kids Center, staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release the Black Diamond Gymnastics LLC. dba Black Diamond Kids Center staff to render temporary first aid to my child in the event of any injury or illness, or seek medical help, including transportation by a Black Diamond Gymnastics LLC. dba Black Diamond Kids Center staff member, or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should it be deemed necessary.

I recognize that potentially severe injuries can occur in sports or activities involving height or motion, including gymnastics, cheer, dance, tumbling and trampoline. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in the Kids World Program at Black Diamond Gymnastics LLC. dba Black Diamond Kids Center, and I accept all risks associated with participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrations, executors and successors, hereby covenant not to sue and forever release Black Diamond Gymnastics LLC. dba Black Diamond Kids Center including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officer, representatives, employees or agents.

I have read and understand this Medical Authorization, Assumption of Risk and Waiver of Liability and I voluntarily affix my name in agreement.

By signing below, I give permission for Brentwood Gymnastics LLC. dba Black Diamond Kids Center to photograph my child for marketing purposes. I understand that Black Diamond Gymnastics LLC. dba Black Diamond Kids Center will not identify names with images, unless permitted.

Parent or Legal Guardian's Signature _____ Printed Name _____ Date _____

Participant Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ Zip: _____

Emergency phone number if dropping off: _____ Currently Enrolled at Black Diamond Kids Center: Yes ___ No ___