

GYMNASTICS PROGRAM WAIVER & RELEASE

IMPORTANT INFORMATION

The (District/SRA) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The (District/SRA) continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Gymnastics is intended to challenge and engage the physical, mental and emotional resources of each participant. The sport demands strength, balance and body control. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including but not limited to head/brain injuries, spinal cord injuries (including paralysis) and bone and joint injuries. Understandably, not all hazards and dangers can be foreseen. The very nature of the gymnastics is hazardous and risky, including but not limited to failing to successfully complete a maneuver, falls, over-rotating, overexertion, attempting skills beyond ability, lack of conditioning, improper warm-up, recklessness on equipment, horseplay, inadequate or defective equipment, spacing between the mats, lack of or poor spotting, inadequate supervision or instruction, and all other risks inherent to gymnastics. In this regard, it is impossible for the (District/SRA) to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the (District/SRA), including its officials, agents, volunteers and employees.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name

Date _____

Participant's Signature

(18 years or older or Parent/Guardian)

PARTICIPATION WILL BE DENIED

If the signature of adult participant or parent/guardian and date are not on this waiver.



**Carol Stream Park District
Open Gymnastics
Participant Sport and Skill Capability**

1 Why are you attending Just Play Open Gymnastics?

2 What sport do you currently participate in relating to coming to Open Gymnastics?

Gymnastics _____

Cheerleading _____

Other _____

What Sport: _____

3 Please initial the skills you are able to complete/perform without assistance.

Fwd roll _____

Front Handspring _____

Bwd roll _____

Back Handspring _____

Cartwheel _____

Round off Flip Flops _____

Handstand _____

Standing backbend _____

Aerial Cartwheel _____

Bridge kick over _____

Front Aerial _____

Round off _____

Back Aerial _____

Front Limber _____

Back Walkover _____

4 Please initial the equipment you will be working on while at Open Gymnastics.

Tumble Floor _____

Parallel Bars _____

Vault _____

High Bar _____

Beam _____

Other _____

5 PARTICIPANTS NAME

6 EMERGENCY CONTACTS NAME

7 NUMBER CONTACT CAN BE REACHED AT
