



# FARMINGTON GYMNASTICS CENTER, INC.

*FUN AND FITNESS FOR EVERYONE*

23966 FREEWAY PARK

FARMINGTON HILLS, MI 48335

[www.farmingtongymnastics.com](http://www.farmingtongymnastics.com) PHONE: (248) 478-6130

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ Phone(RES.): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emer. Contact #: \_\_\_\_\_

HERE AT **FARMINGTON GYMNASTICS CENTER** WE ARE COMMITTED TO TEACHING GYMNASTICS IN A **SAFE**, FUN, AND CLEAN ENVIRONMENT. BECAUSE OF OUR **SAFETY** COMMITMENT, WE WANT YOU TO BE AWARE OF THE RISKS INVOLVED OF PARTICIPATING IN GYMNASTICS AND OTHER RELATED ACTIVITIES (BIRTHDAY PARTIES, PARENT & CHILD CLASSES, FIELD TRIPS, ETC.) **THANK YOU!**

**WAIVER OF LIABILITY, CONSENT FOR MEDICAL TREATMENT, AND INDEMNITY AGREEMENT - Read Carefully Before Signing**

In consideration of the benefits to be derived from participation in the gymnastics activities offered by Farmington Gymnastics Center, Inc. (FGC, Inc.), and with the understanding that participation is only on condition that I enter this agreement, the Parents or Guardians and the Gymnast named below agree to the following Waiver of Liability, Consent for Medical Treatment and Indemnity Agreement: The parent(s) and/or legal guardians will instruct the minor participant that prior to participating in the gymnastics activities described below he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and refuse to participate further.

**A. PERSONAL INJURY** 1) I fully understand and acknowledge that gymnastics is a vigorous, challenging, and sometimes **DANGEROUS** activity involving heights and balance, and as such it poses a risk of serious injury. 2) I understand that injuries from participation in gymnastics activities may include, but are not limited to, injury to internal organs, bones, ligaments, tendons, muscles, and other parts of the body and could result in partial or total paralysis and even death. 3) I understand that there may be other risks that are not known or are not reasonably foreseeable at this time. 4) I understand that injuries received may be compounded or increased by negligent rescue operations or procedures of FGC, Inc. staff. 5) I understand that participation in gymnastics activities also includes activities incidental to participation, including moving from event to event, conditioning, stretching, and other activities which may render the participant vulnerable to other participants who may not have complete control over their actions during flipping, rotating, or running, and may not see other participants in the area. 6) I understand that such injuries could result in severe economic and social losses or damages. 7) I understand that despite the use of mats, pits, and other safety equipment and the active participation or supervision of a coach or teacher, such injuries will **NEVER** be eliminated from participation in gymnastics. 8) With full understanding of the above, I agree that I am voluntarily participating in this activity with the knowledge of the risks involved and hereby freely and expressly agree to accept any and all risks. I hereby release and covenant not to sue FGC, Inc. for any personal injury or wrongful death arising out of participation in its gymnastics activities however caused and whether caused in whole or in part by negligence attributable to FGC, Inc. I hereby voluntarily waive any and all claims, both present and future, made by me, my family, estate, heirs, or assigns.

**B. MEDICAL AUTHORIZATION** 1) I hereby grant authority to the staff of FGC, Inc. to make decisions concerning medical assistance or hospital care for the gymnast named in the event of an accident or illness during my absence. 2) I agree to pay all fees and charges resulting from medical assistance or hospital care accessed by FGC, Inc. for the gymnast named in the event of an accident or illness during my absence.

**C. LOSS OF PROPERTY** 1) FGC, Inc. is not responsible for any injury or loss of property, to any person while participating in gymnastics activities for any reason whatsoever, including ordinary negligence on the part of FGC, Inc., its owners, employees, officers, contractors, agents, or other participants.

**D. INTERPRETATION, INDEMNITY AND CONSENT** 1) I understand that this Waiver Consent and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Michigan, and agree that if any portion is held invalid, the remainder of the Waiver Consent and Indemnity Agreement will continue in full force and effect. 2) I agree to indemnify and hold harmless FGC, Inc. and all others listed for any and all claims arising as a result of participation in gymnastics activities, or any activities incidental thereto, wherever, whenever, and however the same may occur. 3) I affirm that I have read and fully understood this waiver consent and indemnity agreement, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me, and intend my signature to indicate consent to complete and unconditional release of all liability to the greatest extent allowed by law.

**E. MEDICAL HISTORY** 1) Does the participant / 's have any medical condition that would preclude or limit participation in our program. If YES, please explain \_\_\_\_\_

I execute this **WAIVER OF LIABILITY, CONSENT FOR MEDICAL TREATMENT, AND INDEMNITY AGREEMENT** and agree to its terms on behalf of **MYSELF** and on behalf of the **CHILD / CHILDREN** named above.

Parent or Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_

# Sleepover Registration Form

## Child's Information:

Name: \_\_\_\_\_

*Friend of:* \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Parent/Guardian Information:

Name : \_\_\_\_\_

Number(s) to be reached at:

1. \_\_\_\_\_

2. \_\_\_\_\_

## Payment Information :

Check: Amount: \_\_\_\_\_ # \_\_\_\_\_

Please make checks payable to **Powermite Fund**

Cash: Amount: \_\_\_\_\_

Credit card: Amount: \_\_\_\_\_ # \_\_\_\_\_

BOTH SIDES of the Waiver must be filled out, signed properly and turned in with payment in order for your child to participate!

Thank You  
FGC

