

BULL CITY GYMNASTICS
Camp Waiver and Medical Release Form
4502 Bennett Memorial Rd., Durham NC 27705
(919) 383-3600

_____ CAMPER #1 NAME

_____ CAMPER #2 NAME

_____ CAMPER #3 NAME

Student Drop-Off & Pick-Up

For your child's safety, please accompany your child into and out of the facility
and remember to sign in and out everyday.

Please list those adults (other than parents/legal guardians) to whom your child may be released:

Name	Home Phone #	Cell Phone #	Relationship

Child's allergies: _____

Please list your child's medical conditions we should be aware of: _____

Is your child currently taking any medication? Yes No If so, please list: _____

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY AND MEDICAL RELEASE

As legal guardian of _____, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in any activity involving height or motion, including but not limited to use of all Olympic events (vault, bars, balance beam, floor exercise, and trampoline), plus other various training devices including the tumble track, training mats, training pits, and climbing rope. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all SRM Gym, Inc., dba Bull City Gymnastics programs, camps, and activities, and I accept all risks associated with that participation.

In consideration for allowing my child(ren) to use these facilities, I hereby forever release SRM Gym, Inc., dba Bull City Gymnastics, its owners, employees, teachers, coaches, volunteers, and all others associated with the corporation from all liability for any and all damages and injuries suffered by my child while participating in the programs of SRM Gym, Inc., without limitation, including those damages or injuries resulting from acts of negligence on the part of the its officers, directors, shareholders, employees, or agents, and I do further expressly covenant and agree not to sue any of the above for any such injury or alleged liability.

Should my child become ill or injured while participating in an authorized gymnastics activity and I and/or my child's physician are not available, I hereby grant any administrative director, staff person, agent or employee of SRM Gym, Inc, the authority to obtain the emergency medical attention they deem necessary. As legal guardian of the aforementioned person, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained in training or performance for Bull City Gymnastics. I have read and understand this acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

I further agree to abide, and to see that my child abides by all rules, regulations, and policies of SRM Gym, Inc. I have read, fully understand and will voluntarily sign the Acknowledgement of Risk Waiver of Liability and Medical Release as stated above.

Parent or Legal Guardian's Signature: _____ Date: _____