Buckeye Gymnastics Special Event Waiver

<u>Waiver and Warning:</u> Participation in gymnastics activities involves motion, height and rotation in a unique environment and as such, involves risk of injury.

Phone Number_____ Child's Name_____

Address_____ City_____State____Zip_____

Email address: _____

I/We _____ are the parent(s) of _____ hereby agree to individually protect the future medical expenses incurred as a result of any injury sustained while participating in any gymnastics class, open gym, program or event offered at any Buckeye Gymnastics, Inc. facility. In addition, we agree that Buckeye Gymnastics, Inc. and teachers shall not be held liable for any injury sustained by our child while under their care or control. We acknowledge the risks involved in allowing our son/daughter to participate in gymnastics. We understand and accept those risks. This agreement and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. Buckeye Gymnastics reserves the right to use any video or photographic material that may contain images of your child(ren) for any lawful purpose.

Signature_____ Date_____

Buckeye Gymnastics, Inc.

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10562 Sawmill Road Powell, OH 43065 614-793-1936
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