

# NON-MEMBER WAIVER AND RELEASE

CHILD NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ EMERGENCY # \_\_\_\_\_

**All Non-Members MUST have their parent/legal guardian signature to attend our gym**

The purpose of our Open Gym and Parent's Night Out is to provide a safe environment for children to get acquainted with gymnastics and the equipment. Children with no prior gymnastics experience should not attempt skills beyond their level. Instructors are present to supervise that all children follow our gym rules and understand that they will not be taught on an individual basis. Your child may be asked to do "Time Out" if they do not follow the rules.

I understand that even under supervised conditions there is the possibility of serious injury in any activity. I hereby authorize the staff of National Gymnastics to act for me according to their best judgement in any emergency requiring medical attention. I hereby waive and release National Gymnastics Training Center and GPA, Inc. from any and all liability for any injury, death or loss incurred at 4 Journey, Aliso Viejo. I certify that this child is able to participate in any gym activities.

**PARENT / LEGAL GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT / LEGAL GUARDIAN PRINTED NAME** \_\_\_\_\_



**NATIONAL GYMNASTICS  
TRAINING CENTER**

**RELATIONSHIP TO CHILD** \_\_\_\_\_