



820 Anita Avenue
Antioch, IL 60002
(847) 838-4775

2017/2018 OPEN GYM WAIVER

Participant's Name: _____ Previous experience: ____ Yrs
(Last Name) (First Name)
Address: _____ Date of Birth: _____ Age: ____
City _____ State ____ Zip Code _____ Sex: Male ____ Female ____
Father's Name _____ Mother's Name: _____
Home Phone # _____ Cell Phone # _____
Email Address: _____
Emergency Contact's Phone # _____ Emergency Contact: _____
Health Restrictions: _____

Parent Permission & Release Form

I do hereby give my permission for my Daughter/Son to participate in the Gymnastics activities during the Open Gym at The Gymnastics Zone, Inc.

Nonetheless, I _____ as a parent of _____ do hereby release, discharge and covenant to hold harmless The Gymnastics Zone, Inc., or any person or entity associated with The Gymnastics Zone, Inc. From responsibility or liability from any and all: claims, demands, damages, cost, expenses, loss of services, actions and arising out of any act or occurrence up to the present time and particularly on account of all personal injury, disability, property damages of any kind sustained or that may hereafter be sustained by the said minor or by the undersigned in consequence of any accident which may occur arising out of participation in gymnastics at The Gymnastics Zone, Inc. during the Open Gym.

Signed on this _____ (Day) of _____, 20 _____

Parent Signature _____

Appropriate Attire: T-shirt and shorts, unitard, leotard with biker shorts. No tights, no shoes, no socks, or jewelry. Long hair needs to be pulled back in a ponytail.

*****This waiver will be on file for the 2017/2018 Gymnastics Year*****