



Address: Quail Hollow Dr. Unit 600 Wheeling, IL 60090

Phone: 347-596-2600

Email: vagym24@gmail.com

Web Site: www.vagym.us

Open Gym Waiver Form

Participating Applicant's Full Name: _____

Date of Birth _____ Date _____

Phone Number _____

Address _____

How did you hear about us? _____

Waiver Form

As legal guardian of _____, I recognize that potentially severe injuries may occur, including permanent paralysis or death, while participating in gymnastics. I am fully aware of the dangers and I ACCEPT ALL RISKS associated with participation. I acknowledge that by allowing my child to use our facility, I, on my own behalf and the behalf of my child, agree **NOT TO SUE** and **FOREVER RELEASE** VA GYM, its coaches, directors, owners, employees, and/or agents. In the event of an accident or emergency, I would like the aforementioned child to receive the appropriate emergency medical care, including hospitalization if necessary, and I hold VA GYM and its representatives not liable in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses that may be incurred by my child as a result of any injury sustained while participating at VA GYM's Open Gym.

Rules for Open Gym:

- One person at a time on netted trampoline
- Do NOT play with the chalk for bars
- Do NOT jump from beam to beam
- Be gentle with our equipment
- Do NOT hurt yourself or others purposefully
- Do NOT enter any electrical room doors
- No shoes allowed inside the gym
- Do not touch items on the table, they do not belong to our open gym!

I understand that by breaking these rules, you may be told to leave the premises with no refund.

I have read and understand the above Waiver and I **VOLUNTARILY** affix my name below in agreement.

x _____ (SIGNATURE OF LEGAL GUARDIAN)

x _____ (PRINTED NAME OF LEGAL GUARDIAN)

THIS FORM MUST BE COMPLETED BEFORE YOU OR YOUR CHILD MAY PARTICIPATE