

Participation Waiver for Class Participants

STOUGHTON TUMBLERS, Inc. 2018-2019

Child 1) \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Please list any Medical Conditions or special needs: \_\_\_\_\_

Child 2) \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Please list any Medical Conditions or special needs: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**REQUIRED ~ EMAIL ADDRESS** (please print legibly)

\_\_\_\_\_ or \_\_\_\_\_

Your email address will **NOT** be given out to any other person or organization. Session fees are due the first week of the session. If the session fees are not paid the first day of the session, we will email you an invoice. You may then follow the prompts and paid your invoice via the email. Save paper, save time.

Parent agrees to the Participation Liability Waiver and Consent, as described backside.

\_\_\_\_\_  
Parent Signature required

\_\_\_\_\_  
Date

**Liability Waiver & Consent for Medical Treatment**

I, the undersigned parent/guardian of the listed student, do hereby grant the authority to the staff of Stoughton Tumblers, Inc. to render judgment concerning medical assistance in the event of an accident, injury, or illness. I further authorize simple first aid, a medical or surgical diagnosis and treatment which may be deemed necessary. By the very nature of the activity, gymnastics, tumbling & trampoline clinics, and other sporting activities carry a risk of physical injury. NO matter how careful the student and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes, and always includes catastrophic injuries such as permanent paralysis or event death from landings or falls on the back, neck or head. I hereby waive and hold harmless any and all Stoughton Tumblers, Inc. staff and other staff working in conjunction with Stoughton Tumblers and any and all facilities and transportation vehicles Stoughton Tumblers, Inc. deems necessary to use or teach from or be associated with-whether paid or volunteer-for any injuries, claims or damages in conjunction with Stoughton Tumblers, Inc. I understand that as any athletic activity that involves motion or height, participation creates the possibility of injury. I have read and understand the risks involved in my child's/ward's participation at Stoughton Tumblers, Inc. I hereby consent and wish to have my child/ward actively participate at Stoughton Tumblers, Inc. Bounce House: I understand that Stoughton Tumblers allows participants to use a bounce house. I understand that there are risks of using a bounce house; including, but not limited to: sprains, breaks, and even the possibility of serious injury and/or death. In understand that these permissions will be active until I revoke this participation waiver in writing. Photo Release: I agree that photos of my child or me may be used for publicity purposes for Stoughton Tumblers (inside our gym, newspaper, website, Facebook, mailings, etc).