

**EMERGENCY MEDICAL RELEASE AGREEMENT
FORM 1**

As the Parent or legal guardian of:

Students name. Please Print

I/We give my/our permission for my/our child to receive whatever emergency medical care may be deemed necessary by Varsity Gymnastics/Kindy Gymnastics Academy personnel for the treatment of any injury that may be incurred while in the activity of gymnastics on premises or elsewhere.

I/We understand that Varsity Gymnastics/Kindy Gymnastics Academy will make every effort to contact me/us or my emergency contact before or immediately after such emergency treatment is rendered.

LIMITED WAIVER OF LIABILITY:

Varsity Gymnastics/Kindy Gymnastics Academy and provides gymnastics training on professional gymnastics apparatus. Our equipment is so constructed with protective mats so situated as to reduce the possibility of serious injury to as great a degree as possible. Our staff is trained in gymnastics safety techniques through Queensland and Australian Gymnastics Associations to provide the maximum of protection for your child whilst in our care. Even with all of these safeguards injuries can occur.

As a parent or legal guardian of the above named student I/We fully understand the risks involved in my/our child's participation in the sport of gymnastics. The risk of injury includes minor injuries such as bruises and more serious injuries such as muscle pulls, dislocations and broken bones. To the best of my/our knowledge my/our child has no medical conditions which would conflict with him/her participating in the gymnastics training inclusive of all disciplines of gymnastics at Varsity Gymnastics/Kindy Gymnastics Academy.

I/We further agree to waive the right to press legal charges against Varsity Gymnastics/Kindy Gymnastics Academy its officers and staff, in those circumstances where any of the above have not clearly demonstrated negligence leading to injury of the above named student.

I/We understand that the pre-payment of the yearly membership to enrol my/our child in Varsity Gymnastics/Kindy Gymnastics Academy and is inclusive of insurance for my/our child through the Australian Gymnastics Association insurance policy.

I have carefully read and reviewed Varsity Gymnastics/Kindy Gymnastics Academy and Rules and Regulations documents (registration, schedule, fees and payments policy).

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Signature

Dated this day of 20__

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