

Adult Waiver for Oasis Gymnastics & Sports Center

Required for participation in: Parent Tot classes, Power Hour and any other Special Events where you are accompanying a minor or minors into the gym.

Adult #1 Name: _____ Phone # _____

PLEASE PRINT

I fully understand that the child/children that I am accompanying and are participating in this activity, will use the equipment but as the adult I am not allowed to use any equipment. _____

Initial

ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION

I recognize that injuries can occur while I accompany my child into the gym for Power Hour, Olympics, or/or other Special Events. Being fully aware of these dangers, I voluntarily consent to participating in any and all Oasis Gymnastics and Sports Center, Inc.'s activities and I ACCEPT ALL RISKS associated with that participation. As a part of taking classes or activities at Oasis Gymnastics & Sports Center my picture and/or video may be taken and used on the Oasis Gymnastics website, social media pages, emails or on a poster within the lobby.

In consideration for allowing my use these facilities, I, on my own behalf and the behalf of my respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Oasis Gymnastics and Sports Center, Inc. its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by myself while under the instruction, supervision, or control of Oasis Gymnastics & Sports Center including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In case of medical emergency, I hereby give my consent to Oasis Gymnastics and Sports Center, Inc. to provide customary and medical training attention, emergency medical services and transportation as deemed necessary for my care and protection while participating in Oasis Gymnastics and Sports Center, Inc. activities.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Signature _____ Date: _____

Adult #2 Name: _____ Phone # _____

PLEASE PRINT

I fully understand that the child/children that I am accompanying and are participating in this activity, will use the equipment but as the adult I am not allowed to use any equipment. _____

Initial

ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION

I recognize that injuries can occur while I accompany my child into the gym for Power Hour, Olympics, or/or other Special Events. Being fully aware of these dangers, I voluntarily consent to participating in any and all Oasis Gymnastics and Sports Center, Inc.'s activities and I ACCEPT ALL RISKS associated with that participation. As a part of taking classes or activities at Oasis Gymnastics & Sports Center my picture and/or video may be taken and used on the Oasis Gymnastics website, social media pages, emails or on a poster within the lobby.

In consideration for allowing my use these facilities, I, on my own behalf and the behalf of my respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Oasis Gymnastics and Sports Center, Inc. its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by myself while under the instruction, supervision, or control of Oasis Gymnastics & Sports Center including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In case of medical emergency, I hereby give my consent to Oasis Gymnastics and Sports Center, Inc. to provide customary and medical training attention, emergency medical services and transportation as deemed necessary for my care and protection while participating in Oasis Gymnastics and Sports Center, Inc. activities.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Signature _____ Date: _____