

**Northfield Gymnastics Club  
Acknowledgment of Risk/Waiver of Liability**

FAMILY Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Form should be carefully filled out and returned to the office prior to the first day of class/open gym/birthday party.**

Child #1 Last: \_\_\_\_\_ First: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child #2 Last: \_\_\_\_\_ First: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child #3 Last: \_\_\_\_\_ First: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian Information:**

Parent Last: \_\_\_\_\_ First: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Last: \_\_\_\_\_ First: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If child has a childcare provider during NGC hours, you must provide the information below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies, medications, or any other medical/physical conditions that we should know about:** \_\_\_\_\_

\_\_\_\_\_

**WARNING! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM IMPROPER CONDUCT OF THE ACTIVITY.**

In the consideration of Northfield Gymnastics Club (NGC) accepting myself or my child to participation and/or training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury I agree, for myself or as my child's parent/guardian to assume responsibility of all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons, meets, birthday parties, open gym, field trip, camp or any other activities connected with Northfield Gymnastics Club. I give my permission to NGC and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of myself or my child while under the supervision of NGC. In case of an emergency, I understand that I or my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached. Further, I hereby verify by my signature below, that I fully understand and accept each of the above conditions for participation or for permitting my child to participate in activities at NGC. By signing this waiver, I am also confirming that I have read, understood and will abide by the COVID Guidelines posted at NGC and northfieldgymnastics.com.

By signing, we expressly state that we have had sufficient opportunity to read and consider this entire Waiver and ask any questions associated with it; agree that we have read and understood it and voluntarily agree to be bound by its terms; and acknowledge that this Waiver contains a waiver and release of claims. We agree that if any portion of this Waiver is found to be void or unenforceable, the remaining portions shall remain in full force and effect. By signing this waiver, I am also confirming that I have read, understood and will abide by the COVID Guidelines posted at NGC.

**Consent to Photograph and Media Release**

I understand that my child's photograph or video may be taken during the course of class instruction during a special event at Northfield Gymnastics Club or at a function sanctioned by NGC. I hereby grant permission to promotional publications (e.g. website, NGC Facebook page, newspaper ads, social media sites, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast or streaming purposes.

**Signature Individual/Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_