ADULT/PARENT PARTICIPATION WAIVER

MISMO
BRING OUT THEIR BEST

WHAT ARE YOU PARTICIPATING IN TODAY?_____

NAME_____(MALE / FEMALE) DATE OF BIRTH: ___ / ___ / ___

ADDRESS_____
Street City State Zip

HOME PHONE (___)_____ CELL PHONE (___)_____

EMAIL _____

Are there any medical conditions to which Mismo should be aware?_____

Health Insurance Provider_____

Hospital Preference_____ _____ Primary Doctor_____

In an effort to give appreciation to those who recommend our programs, please tell us how you heard about Mismo.
Friend/Family (name):_____Child Care (name):_____
Newspaper____Yellow Pages_____Website_____TV____Radio____Mailer_____Former Student_____
Performance/Community Event (name or location):_____Other:_____
**If you were to appear in a photo taken on our premise or at an event, are we free to use it for marketing purposes? YES NO*

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

I, _____, recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, and cheerleading. I am also aware that participation in day camps, meets, halftimes, competitions, and other performances involves transportation to and from events and as a result I could be killed in a vehicular accidents. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Mismo Gymnastics Programs, camps, and activities and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing myself to use these facilities, I , on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors hereby COVENANT NOT TO SUE and FOREVER RELEASE Mismo Gymnastics, its officers, director, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by my child while under instruction, supervision or control of Mismo Gymnastics Inc., including without limitation those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents. In the event of an accident or emergency I would like the above-mentioned adult to be taken to a hospital for medical treatment and I hold Mismo Gymnastics, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by myself as a result of any injury sustained while participating at or for Mismo Gymnastics.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILTY affix my name in agreement. Signed and dated by you.

_____ _____ _____
PRINT name Signature Date