

## AGREEMENT TO PARTICIPATE

**\*\*\*\*ASSUMPTION OF RISK\*\*\*\*** Participation in gymnastics activities involves motion, rotation and height in a unique environment, and as such carries with it a certain assumption of risk. Due to the nature of the sport, participation could result in catastrophic injury.

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ give my/our approval for his/her participation in the Athletic Horizons gymnastics program and assume all risks and hazards incidental to the conduct of the gymnastics program and for transportation to and from the activity.

It is further understood that Athletic Horizons will not provide individual medical insurance. I/We will assume full responsibility for medical costs should injury occur. I confirm that the participant is in good health and listed below are any special conditions that should be noted by Athletic Horizons staff.

---

If an emergency arises which should require immediate medical attention and I/we as parent(s)/guardian(s) cannot be contacted, you are authorized to take whatever steps are needed to protect the health of this student.

This authorization will remain effective while the above student is involved or participating in any Athletic Horizons program or activity, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

PARENT(S)/GUARDIAN(S) \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

## AGREEMENT TO PARTICIPATE

**\*\*\*\*ASSUMPTION OF RISK\*\*\*\*** Participation in gymnastics activities involves motion, rotation and height in a unique environment, and as such carries with it a certain assumption of risk. Due to the nature of the sport, participation could result in catastrophic injury.

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ give my/our approval for his/her participation in the Athletic Horizons gymnastics program and assume all risks and hazards incidental to the conduct of the gymnastics program and for transportation to and from the activity.

It is further understood that Athletic Horizons will not provide individual medical insurance. I/We will assume full responsibility for medical costs should injury occur. I confirm that the participant is in good health and listed below are any special conditions that should be noted by Athletic Horizons staff.

---

If an emergency arises which should require immediate medical attention and I/we as parent(s)/guardian(s) cannot be contacted, you are authorized to take whatever steps are needed to protect the health of this student.

This authorization will remain effective while the above student is involved or participating in any Athletic Horizons program or activity, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

PARENT(S)/GUARDIAN(S) \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_