

RELEASE FORM

In consideration of IGM Gymnastics (International Gymnastics of Minnesota) accepting my child into participation and training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree, as my child's parent/guardian to assume responsibility for all risks, cost or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, lessons or meets.

I give my permission to IGM Gymnastics an/or appropriate medical facility to make whatever emergency (first aide, disaster evacuation, etc...) measures as judged necessary for the care and protection of my child while under supervision of IGM Gymnastics

In case of emergency, I understand that 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. The child will be transported at my expense.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other acting on behalf of the parent can be reached.

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

Further, I hereby release and agree to hold harmless and to indemnify IGM Gymnastics employees, owners or volunteer from any claims, losses or expenses incurred or on the behalf of me, my child or my child's family.

Parent/Guardian Signature

Date