

# GYMNAST WAIVER FORM

Gymnast Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize the staff at Mankato Area Gymnastics School to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release MAGS from any and all liability for any injuries or illness incurred while at MAGS. I understand that participation in gymnastics activities involve motion, rotation and height in a unique environment and as such carries with it the risk of injury. MAGS is not responsible for personal items that are lost, stolen or damaged. All medical expenses incurred will be the responsibility of the gymnast or the gymnast's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named gymnast's participation in the program, as outlined in the brochure, which I have read. I also understand that MAGS retain the right to use any photographs, video tapes, motion picture recordings, or any other record of this event for publicity, advertising, or any legitimate purpose.

**SIGN HERE**

Parent or Guardian: \_\_\_\_\_  
Signature Date

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