

COLORADO WEST GYMNASTICS, LLC - GENERAL WAIVER



573 W. Crete Circle #202
Grand Junction, CO
970-241-2265

PARTICIPANT(S) INFORMATION:

First Name	Last Name	Date of Birth	Age	M/F

PARENT INFORMATION:

Parent Name _____

Parent Phone _____

Primary Email _____

Emergency Contact _____

LIABILITY:

The staff of Colorado West Gymnastics recognizes the obligation to make our students and their parents aware of the inherent risks and hazards associated with gymnastics and tumbling. Participants may suffer injuries, possible minor or serious in nature. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and coaches' instruction. Colorado West Gymnastics will only warn the participants through "safety messages" and by teaching skill progressions. I am fully aware of and appreciate the risk, including the risk of injury, paralysis and even death as well as other damages and losses associated with participation in gymnastics, tumbling activities and events.

I understand that I/my child will not be covered by Colorado West Gymnastics' insurance. With the above in mind, I consent to participate/have my child participate in the programs offered by Colorado West Gymnastics. Those legally responsible for (name of participant(s)) realize that risk of injury involved and hereby agree to assume the responsibility of said student(s) and further agree to save and hold harmless Colorado West Gymnastics, its employees, and all others concerned, and to indemnify them against loss to the extent permitted by law. I have read and agree to the terms of registration, participation and liability release.

Signature of Parent/Guardian

Date