

# Fairfield County Gymnastics, Inc.

186 Linwood Ave., Fairfield, CT 06824 203-319-0917

## Waiver/Release Form

**No child will be allowed to participate in any programs unless this form is completely filled out, signed and filed with FCG prior to commencing participation**

**\*\*READ THE FOLLOWING CAREFULLY AND SIGN BELOW.  
NOTE: BOTH PARENTS/CUSTODIAL PARENT AND LEGAL GUARDIAN  
MUST SIGN ON BEHALF OF EACH PARTICIPATING CHILD! \*\***

### **Agreement**

In consideration of my child's participation in Fairfield County Gymnastics Inc. (further referred to as FCG) events and activities, I hereby agree to be bound by each of the following terms and conditions:

1. **Eligibility:** I agree to comply with the rules of FCG.
2. **Readiness to Participate:** I will only participate in those FCG classes, events, competitions and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced by exercise and will perform only those exercises, which I have accomplished to the degree of confidence necessary to assure I can perform them by myself and without injury.
3. **Medical Attention:** I hereby give my consent to FCG and/or host Organization to provide, through a medical staff of choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.
4. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I also release FCG of liability for anyone associated with this gymnast in the event of injury that may be incurred within FCG's premises.

I further agree that FCG and the sponsor of any FCG event, along with the employees, agents, officers and directors of these organizations, shall not be liable for any losses or damages occurring as a result of my/our child's participation in any FCG event or activity, except where such loss or damage is the result of intentional or reckless conduct on one of the individual (s) /organization (s) mentioned above.

**INFORMATION:** Primary Medical Insurance: I am covered by a primary health/medical/accident insurance through:

\_\_\_\_\_

As the legal parents, guardian or custodial parents of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions and activities conducted by FCG.

This waiver/ Release form shall remain in effect for as long as \_\_\_\_\_ (name of Child) participates in any FCG activity until such time of written notice rescinding this waiver/ release is received by FCG.

**Name of Child:** \_\_\_\_\_

**Signature of Parents/Legal Guardian, Custodial Parent:**

\_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_