



Trial Permission Form

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www.igmgymnastics.com

Last Name: _____ Today's Date: _____

Email Address: (Required) _____

1st Participating Child's Name _____ Date of Birth _____

Trial Class Name _____ Date of Trial _____ Time of Trial Class _____

2nd Participating Child's Name _____ Date of Birth _____

Trial Class Name _____ Date of Trial _____ Time of Trial Class _____

3rd Participating Child's Name _____ Date of Birth _____

Trial Class Name _____ Date of Trial _____ Time of Trial Class _____

Parent/Legal Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Name _____ Phone # _____

How did you hear about IGM?: _____

IMPORTANT: Due to a strict insurance policy, every child **MUST** have this waiver signed by their parent/guardian. **CHILDREN WITHOUT A WAIVER UNFORTUNATELY WILL NOT BE ABLE TO PARTICIPATE IN THE GYM ACTIVITIES.** Any child under the age of 4 must be accompanied by an adult. If your child requires an inhaler, you are required to stay with him/her or get a doctor's release. **ADULTS ARE NEVER ALLOWED ON GYMNASTICS EQUIPMENT** unless supervising a child under the age of 4.

I _____ (please print name), the parent/guardian of abovementioned person(s), give permission for my child(ren) to participate in a trial class conducted at IGM Gymnastics. I understand and accept the potential severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading and parties. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all IGM Gymnastics programs and activities and I ACCEPT ALL RISKS associated with that participation. I, on the behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby CONVENANT NOT TO SUE and FOREVER RELEASE IGM Gymnastics, its officers, directors, shareholders, employees and agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of IGM Gymnastics including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In case of medical emergency, I understand that my child may be transported to an appropriate medical facility by a local emergency unit for treatment. The child will be treated and transported at the expense of myself or my health insurance. I understand that in some medical situations, IGM's staff will need to contact the local emergency resources prior to notifying the parent, physician, or other adult acting on the child's behalf.

By your attending this trial class, you are granting your permission for you and your child(ren) to be filmed, videotaped, audio taped or photographed by any means and are granting full use of your childs' likeness, voice and words without compensation.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION. I have VOLUNTARILY affixed my name in agreement and agree to all terms listed above.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Printed Name _____

Follow up by: _____ Entered in CC? Y N Entered in DM? Y N
Notes: