

Competitive Gymnastics Injury Waiver Form

Participant Information

Participant Name

Date of Birth

Parent/Guardian Name (if under 18)

Emergency Contact Number

Medical Information

List any relevant medical conditions, allergies, or medications

Waiver & Release

I, the undersigned, acknowledge and understand that participation in competitive gymnastics involves inherent risks, including risk of injury. I hereby waive, release, and hold harmless the gymnastics facility, its owners, agents, coaches, and staff from liability for any injury or loss sustained during participation.

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I have read and agree to the above waiver and release.

Signature

Participant/Parent or Guardian Signature

Date

