

UNITED STATES GYMNASTICS FEDERATION
MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

In CONSIDERATION of membership in the United States Gymnastics Federation, hereinafter referred to as the "USGF", and being allowed to participate in USGF events and/or member club activities, the parent(s) and/or legal guardians(s) of the minor participant named below agreed:

1. The parent(s) and/or legal guardian(s) consent(s) to and will instruct the minor participating in any USGF and/or member club activity or event and regularly thereafter, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all USGF Gymnastics Safety Guidelines.
3. I/we fully understand and will instruct the minor participant that:
 - a. There are risks and dangers associated with participation in gymnastic events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death;
 - b. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe;
 - c. These risks and dangers may be caused by the negligence of the participant or the negligence of others.
 - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
4. I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of the USGF, its member clubs, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents and employees.
5. I/we agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by the USGF and/or its member clubs.

I/WE HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY.

PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)

DATE

PARENT OR GUARDIAN (SIGNATURE/RELATIONSHIP)

DATE

WITNESS

Printed Name of Participant:

Address of Participant:

Printed Name of Parent or Guardian:

Member Institution:

City:

MEDICAL INFORMATION FORM FOR GYMNASTICS

Participant _____

PHYSICAL HANDICAPS

Specify missing or injured body parts, weakness, etc.:

Bones & Joints _____

Muscles _____

Organs _____

Weight Problem _____

PSYCHOLOGICAL HANDICAPS

Specify problem areas such as anxieties, fears, hyperactivity, hypersensitivity:

CHRONIC AILMENTS

Asthma or other respiratory problems _____

Circulatory or heart problems _____

Diabetes or hypoglycemia _____

Epilepsy _____

Hemophilia, or other bleeding problems _____

ALLERGIES

Insect Bites _____ Tetanus Shots _____

Other, if significant _____

PREFERRED PERSONAL OR FAMILY PHYSICIAN

Name _____ Phone _____

DENTIST

Name _____ Phone _____

PARENTS, GUARDIANS or OTHER RELATIVES

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

PLEASE READ AND COMPLETE OTHER SIDE OF THIS FORM.