

### Gymnastics Waiver

**This form must be signed and returned to participate in gymnastic activity.**

#### **United States Gymnastics Federation Minor Release And Waiver Of Liability And Indemnity Agreement**

In consideration of membership in the United States Gymnastics Federation, herein after referred to as the USAG and being allowed to participate in USAG events and/or member club activities, the parent(s) and/or legal guardian(s) of the minor participant below agree:

1. The parent(s) and/or guardian(s) will instruct the minor participant that prior to participation in any USAG and/or member club activity or event and regularly thereafter, that he/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 USA Gymnastics Guidelines.
3. I/We fully understand that:
  - (A) There are several risks and dangers associated with participation in Gymnastics and acrobatic activities 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 the others, including, but not limited to the "Releasees" named below.
  - (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 loss and/or damages following such injuries, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the "Releasees" named below.
5. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE USA GYMNASTICS, its member clubs, events, hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and leasees of the premises used to conduct the event each of them, their officers, directors, agents, employees, all which are referred to as "Releasees," from all liability to the under-signed, my/our personal representatives, assignees, executors, heirs, and next of kin for any and all claims, demands, losses or damages on account of any injury, including but not limited to the death of the participant or damage of the participant or damage of property, caused or alleged to be caused in whole or in part by the negligence of the "Releasee" or otherwise.
6. On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant execute this waiver and release. If, despite this release, the participant makes a claim against any of the "Releasees", the parent(s) and/or legal guardian(s) will reimburse the "Releasees" and their insuring company for any money which they have paid to the participant, or on his/her behalf, and hold them harmless.
7. I/We agree that this waiver and Release Agreement covers each and every event sponsored by USAG and/or its member clubs and fully understand that the "Releasees" are released as to each and every activity and event.

**I/We have read the above waiver and release, understand that I/We give up substantial rights by signing it and sign it voluntarily.**

_____	_____
Parent or Guardian (Signature/Relationship)	Date
_____	_____
Parent or Guardian (Signature/Relationship)	Date

Witness  
Printed Name of Participant: \_\_\_\_\_  
Address of Participant: \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Printed Name of Parent or Guardian: \_\_\_\_\_

**MEMBER INSTITUTION: YWCA of WHITE PLAINS and CENTRAL WESTCHESTER  
515 NORTH STREET, WHITE PLAINS, NEW YORK 10605**

## **YWCA Gymnastics Department**

### **Emergency Consent Form**

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#### **Emergency Treatment Consent Form**

In the event of a medical emergency while your child is in Gymnastics, every effort will be made to reach you, your child's emergency contact and your family physician. Should we be unable to reach them, it might be necessary to use emergency hospital facilities.

All hospitals are only permitted to give emergency treatment to a child with parental consent. Therefore, please fill out and return this form.

(Print)

I, \_\_\_\_\_ consent that my child, \_\_\_\_\_  
Receive such medical treatment as is deemed necessary by attending hospital and/or attending physician in case of an emergency. I give permission for a representative of the YWCA of White Plains to consent (sign) on my behalf for emergency treatment by the hospital-attending physician. . In the event that there is sufficient time for choice, I prefer that my child be treated at (please indicate):

#### **White Plains Hospital Center**

Maple Avenue and Post Road  
White Plains, New York 10605  
914-681-0600

OR \_\_\_\_\_

---

**Signature of Parent or Guardian**

**Date**

#### **\*\*\*SIGN CREDIT REFUND POLICY ON REVERSE\*\*\***

**Please note:** If your child has sustained an injury in gymnastics or any other activity resulting in strains, stitches, fractures, etc., we require a written clearance from the attending physician. The note must state that the child has full clearance without limitation to participate in physical activity. Please be sure to include the participant's name, effective date to return to full participation and physician's signature. Your child may not participate until the notice is received. Children wearing a cast may not participate in the program until the cast has been removed.

**CANCELLATIONS / CREDITS / REFUNDS**  
**Gymnastics Department**

(PLEASE READ CAREFULLY AND SIGN BELOW)

The YWCA reserves the right to cancel or modify classes or change instructor assignments when necessary. When a class is cancelled due to inclement weather or other unforeseen event, we will attempt to contact all scheduled participants. Be sure to indicate your home, work, and alternate phone numbers on the registration form to assist us with timely notification. *There will be no credit or refund for such closings.*

Refunds are given only when the YWCA cancels a class or when a participant withdraws from a class with a **minimum of 48 hours notice**. If participant cancels, there will be a \$ 10 processing fee deducted from the refund. Refunds are made by check and mailed within 30 business days.

Credits are granted under limited circumstances. There are no credits granted for missed classes or occasional illnesses/absences, only for prolonged illness (more than three classes in a row) documented with a doctor's note. Credits are good for one full year from date of issue and may be applied to any YWCA activity, including parties.

**Your membership is not a fee for service. It is a statement of support for the goals and programs of the YWCA and is not refundable.**

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Signature

Date

*Your place of employment may have programs which support community services which directly benefit their employees. Company support can make a difference in your child's experience at the YWCA. Your company may be willing to contribute products, services, or cash grants. Support could go towards expanding existing services, purchasing equipmen , enhancing the quality and quantity of the service you are using.*

*Your name could hold the key to a corporate contribution. Please give us your nam , place of employment and telephone number. We will contact you if we find that your company provides the kind of support we need.*

*Thank you in advance for your support that your willingness to provide this information demonstrates.*

Name \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_