



# 2016 - 2017 Event Permission Form

IGM Gymnastics • 14305 Southcross Drive W. Suite 120 • Burnsville, MN 55306  
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Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email Address: (Required) \_\_\_\_\_

Child #1: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_

Child #2: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_

Child #3: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_

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.

## Waiver/Release:

The children listed above have the permission to participate in any event at IGM Gymnastics. I understand that injury may result from improper conduct of this activity. I have instructed my child(ren) to follow directions. I give permission to IGM Gymnastics and / or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of IGM Gymnastics. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deems it necessary. The child will be transported and treated at my expense. I understand that in some situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf. My child is in good physical health and there are no medical conditions which would limit is/her participation in Gym activities.

I hereby consent and authorize IGM Gymnastics to use photographs, and or other likeness' of myself and or my child or children for whom I have legal guardianship for any promotional materials regarding IGM Gymnastics programs, camps, events, birthday parties, facilities or services. I also give permission to use such photographs and or other likeness' of myself, my child or children for whom I have legal guardianship on the IGM Gymnastics web site and other marketing materials.

Further, I hereby release and agree to hold harmless and to indemnify the IGM Gymnastics employees, owners, or volunteers from any claims, losses or expenses incurred or on behalf of me, my child or my child's family.

**WARNING!! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THIS ACTIVITY.**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Printed Name \_\_\_\_\_

For Office Use Only: CC \_\_\_\_\_ DM \_\_\_\_\_