

RALPH J. STOLLE COUNTRYSIDE YMCA

Gymnastics Department Waiver/Release Form

Class Name: _____

Day of Class: _____

Time of Class: _____

Name of child (please print): _____

I fully understand that the Ralph J. Stolle Countryside YMCA staff members are not physicians or medical practitioners of any kind, with the exception of select staff being trained in standard first aid and CPR. With the above in mind, I release the Ralph J. Stolle Countryside YMCA staff to render standard first aid/CPR to the above child in the event of any illness or injury if deemed necessary, while awaiting the arrival of more advanced medical care. I further release the Ralph J. Stolle Countryside YMCA staff to call the child's doctor and to seek medical help, or to call any ambulance for the injured child should the staff of the Ralph J. Stolle Countryside YMCA deem this necessary.

Parent/Guardian signature: _____ **Date:** _____

Acknowledgment of Risk

1. The staff of the Ralph J. Stolle Countryside YMCA recognizes our obligation to make our students aware of the risks, and hazards associated with the sport of gymnastics, tumbling, cheerleading and dance. Gymnastics, tumbling, movement education and cheerleading can be dangerous and have inherent risks of catastrophic injuries, such as permanent paralysis or death resulting from landings, falls or blows to the head, back or neck. Students may suffer injuries such as bodily injury, disease, strains, and fractures, partial or total paralysis, death or other ailments that could cause serious disability resulting from participation in the above activities.
2. The Ralph J. Stolle Countryside YMCA, its coaches, and other staff will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, movement education, cheerleading, dance, open workouts, exhibitions, meets, competitions, or while traveling to and from any said events.
3. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have the above child participate in the programs offered by Ralph J. Stolle Countryside YMCA. I, my executors, or other representatives waive and release all rights and claims for damages that I or the above child may have against the Ralph J. Stolle Countryside YMCA and/or its representatives, whether paid or volunteer.
4. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both the child's protection and also my own protection.
5. I also understand that it is the parents' responsibility to warn the child about the dangers of the above activities and injury and should make the child aware of the possibility of injury and encourage them to follow all the safety rules and the coaches' instructions. The parent should warn the child according to what the parent feels is appropriate. The Ralph J. Stolle Countryside YMCA will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent/Guardian signature: _____ **Date:** _____