



705 Central Avenue, Suite 2, New Providence, New Jersey 07974

Tel (908) 517-0808 Fax (908) 517-0818

Info@indigogym.com

www.indigogymnastics.com

Scouting Waiver Form

Student information (per family)

Childs Name _____ Sex _____ Age _____ DOB _____

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Event Date and time _____

Street _____ Home Phone _____

City _____ State _____ Zip _____

Mom's Name _____ Cell Phone _____

Dad's Name _____ Cell Phone _____

Does your child have any medical conditions or allergies? _____

Name of child's health insurance _____

How did you learn about Indigo Gymnastics Center? _____

Would you like to be on our email list? _____

Assumption of Risk, Waiver of Liability, and Permission for Medical Treatment

As the parent and/or legal guardian of the above named, I hereby consent to my child's participation in the Indigo Gymnastics Center programs. I acknowledge, understand, and accept the risks associated with the sport of gymnastics and its related activities, including potentially severe injury, paralysis, and even death. I verify that my child is qualified to participate in such activity, is in good health and in proper physical condition. Should my child sustain injury, I hereby forever release Indigo Gymnastics Center and its owners, operators, staff, employees, and members from any and all claims, liability, damages, and demands. I certify that my child has health insurance, and in the event of an emergency, I authorize and grant Indigo Gymnastics Center and its staff to administer temporary first aid treatment and/or if necessary, transport my child to the hospital, and accept responsibility for all associated expenses. I represent that the above waiver is understood completely and is signed voluntarily.

Signature of Parent/Legal Guardian _____

Printed name of Parent/Legal Guardian _____ Date _____