

Gymnastics Camp Liability Waiver & Consent Form

Camp Dates: April 6, 2026 – May 14, 2026

Participant Information

Child's Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Child: _____

Assumption of Risk

I understand that participation in gymnastics activities involves inherent risks, including but not limited to falls, collisions, sprains, fractures, head injuries, or other physical injuries.

I acknowledge that my child will participate in activities including:

- Floor exercise
- Balance beam
- Uneven bars
- Vault

I voluntarily allow my child to participate and assume all risks associated with these activities.

Liability Release

I hereby release, waive, and discharge the Alamosa gymnastics club/camp organizers, instructors, staff, volunteers, and facility from any and all liability, claims, demands, or causes of action arising from injury, illness, or damages sustained by my child while participating in camp activities.

This includes injuries that may occur during instruction, practice, or use of equipment.

Medical Authorization

In the event of illness or injury, I authorize camp staff to seek emergency medical treatment for my child if I cannot be reached.

Parent/Guardian Initials: _____

Child's Physician: _____

Physician Phone: _____

Insurance Provider: _____

Policy Number: _____

Allergies or Medical Conditions:

Medications:

Photo & Media Permission (Optional)

I grant permission for photographs or videos of my child taken during camp activities to be used for promotional or educational purposes.

Yes

No

Parent/Guardian Initials: _____

Parent/Guardian Agreement

I certify that I am the parent or legal guardian of the above-named child and that the information provided is accurate. I have read and understand this waiver and agree to its terms.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____