Liability Release Form
(For non-registered visitors)

Previous Injuries (broken bones, torn muscles, etc.): ____________________________

Previous Medical Problems: ____________________________

Does your child have asthma? ______ Is your child allergic to any medications? ______ If yes, what? ____________________________

Other (any other special conditions that may help us better coach your child)?: ____________________________

Liability Waiver: I, the undersigned parent or guardian of the student named below, hold Powerhouse TnT Gymnastics and its coaches, staff, and school harmless for any and all injuries arising out of participation in any and all classes or meets away from or at the gym.

Consent Waiver: I, the undersigned parent or guardian of the student named below, do hereby grant authority to the staff of Powerhouse TnT Gymnastics to render a judgment concerning medical assistance in the event of an accident or illness during my absence.

I, the parent or guardian of ____________________________, gives permission for emergency medical treatment of my child if I cannot first be contacted.

Parent or Guardian Signature: ____________________________ Date __________________

Home Phone #: ____________________________ Work Phone #: ____________________________ Emergency phone #: ____________________________

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