



In consideration of my child's participation in Apex Gymnastics activities, I agree to be bound by each of the following:

1. Readiness to Participate: My child will only participate in those Apex activities for which I believe he/she is physically and psychologically prepared.
2. Medical Attention: I hereby give my consent to Apex to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation.
3. Waiver and Release: I am fully aware of and appreciate the risks of participation in gymnastics activities and events. I understand that APEX Gymnastics uses deep foam pits, resi-pits and inflatable devices and the risks associated with these training devices. I further agree that Apex and the sponsor of any Apex event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my child's participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.
4. Primary Medical Insurance: I am covered by a primary health/medical/accident insurance through: _____. I hereby verify by my signature below that I fully understand and accept each of the conditions above and to my knowledge, my child has no physical limitations to prohibit participation in classes, events, competitions, and activities conducted by APEX.

Child's Name _____

Emergency contact (other than parent): _____

Phone number: (____) _____ - _____.

Parent's Name: _____

Phone number: (____) _____ - _____.

Parent's Signature: _____ Date: _____