

**PARTICIPANT'S AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

**Involved Risks:**

I am fully aware of, appreciate, and accept the risks involved while participating at Open Gym including; the risk of catastrophic injury, paralysis, and even death. I/we further agree that CREATIVE GYMNASTICS CENTER, along with its employees, agents, officers and directors shall not be liable for any losses or damages occurring as a result of the student's participation in this activity.

**Parent's Responsibility:**

I am fully responsible for the children I bring and drop off at Open Gym. I understand I CANNOT sign a permission slip for any child unless I am the child's legal guardian or parent. I understand Open Gym ends at 9:15 pm and all students and parents must be out of the viewing area by 9:30 pm or a \$5 late fee per every 10 minutes (starting at 9:30 pm) will be charged to my account and paid at or before the next Open Gym or my children will not be allowed to attend future Open Gyms.

**Student's Responsibility:**

Inappropriate behavior includes but is not limited to: fighting, swearing, and not following the posted safety rules. These behaviors will result in one verbal warning and then the student's parent may be called to pick up the child depending on the severity of the behavior. The Staff of Creative Gymnastics Center has the right to permanently dismiss students without prior warning, who are a risk to other participants at Open Gym. Open Gym payments will not be refunded once Open Gym begins.

**Fully Informed:**

The officers and staff of CREATIVE GYMNASTICS CENTER have been informed of any special physical or mental conditions that could affect my child at Open Gym. Please list Allergies, Medical Conditions or Medications that could affect participation at Open Gym:

Child's Last Name _____	Child's First Name _____	CGC Member? Yes NO
Child's Last Name _____	Child's First Name _____	CGC Member? Yes NO
Child's Last Name _____	Child's First Name _____	CGC Member? Yes NO

I am the Parent or Legal Guardian of the above children: \_\_\_\_\_  
(Parent or Legal Guardian Signature)

\_\_\_\_\_ ( ) \_\_\_\_\_  
Address Phone

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