



SUMMER CAMP WAIVER

In consideration of my/my child's participation in the *HATFIELD ATHLETIC CLUB* summer camp program, I agree to be bound by the following:

Eligibility: I agree to comply with the rules of the *HATFIELD ATHLETIC CLUB* and *KID POWER GYM*.

Readiness: I/my child will only participate in those activities for which I believe I/he/she is physically and psychologically prepared. Prior to participation, I/he/she will have warmed up/practiced my/their exercises and will perform only those exercises that I/they have accomplished to the degree of confidence necessary to assure that I/they can perform them myself/themselves, and without injury.

Medical Attention: I hereby give my consent to the *HATFIELD ATHLETIC CLUB* and/or the host organization 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/my child's participation.

Waiver and Release: I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics and physical activities. I acknowledge that although mats and supervision are provided, that such mats and supervision are not fail safe and that serious and catastrophic injuries can result despite the use of mats and the most careful supervision. I further acknowledge that such injuries can result from the failure of the participant to properly warm up, to understand instructions or to properly perform the gymnastic and physical activities. I agree to indemnify and hold the *HATFIELD ATHLETIC CLUB*, its employees and officers harmless from and against any and all liability for any injury that may be suffered by the aforementioned individual arising out of or in any way connected with participation in this activity. I further agree the entertainment provider of any *HATFIELD ATHLETIC CLUB* 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 the aforementioned individual's participation in the entertainment event.

As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in the summer camp program and activities conducted by the *HATFIELD ATHLETIC CLUB* and *KID POWER GYM*.

Participant's name: _____ **Birth date:** _____

Allergies: _____ **Medications:** _____

Limitation _____

Signature of (circle one) Parent/Guardian _____

Parent's (printed) name: _____

Address: _____

Telephone #: _____ **Work #:** _____ **Cell #:** _____

Date: _____