



BRANCH GYMNASTICS & KIDSSPORTS USA EVENT WAIVER

Child's Name: _____ DOB: _____

Event You're Attending: _____ Event Date: _____

(please specify the birthday child's name/date of the party you're attending, or the organization you're affiliated with)

Parent's Name: _____ Phone: _____

Email Address: _____

Address: _____

Emergency Contact & Phone: _____

Medical Information or Allergies: _____

Waiver: I/we understand that gymnastics, like any other situation involving height and movement, involves risks and dangers including but not limited to those of bodily injury, partial and/or total disability, paralysis and/or death. These risks and dangers may be caused by the negligence of the participant and/or negligence of others. There may be other risks not known to us or are not reasonably foreseeable at this time. In the event of illness or injury during participation with Branch Gymnastics & KidsSports USA, and a parent cannot be reached, the staff of Branch Gymnastics may authorize medical care and treatment and/or ambulance transportation for the above named participant. I/we accept and assume such risks and responsibilities for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused, in whole or in part by the negligence of Branch Gymnastics, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of premises used to conduct the event or activity, and each of them, their officers, directors, agents, and employees. I/we agree that this consent of participation covers each and every event or activity sponsored by Branch Gymnastics. This student has no problems that might compromise their safe involvement.

Photo Consent: I give permission to Branch Gymnastics and its' agents to photograph or video my child for promotional use (e.g. Newspaper, TV, Website, etc.)

My child has NOT felt unwell in the last 3 days or experienced any of the below COVID-19 symptoms:

Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and/or diarrhea.

My child has NOT been diagnosed with COVID-19 in the past 14 days.

I have NO new health concerns about my child that Branch Gymnastics should be aware of.

Parent Signature

Date

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