

Troy Gymnastics

Special Events Liability Waiver

Any activity involving motion or height may cause serious accidental injury, paralysis, or possible death. All gymnasts, parents, guests, relatives & guardians agree to abide by the rules and regulations set by Troy Gymnastics (posted on the walls & verbally communicated by staff) for health, safety, and welfare of the participants. The Michigan Department of Community Health requires all athletes to be aware of the possibility of concussions while participating in sports.

Parents & guardians must review the following information with their child: A concussion is a type of brain injury caused by a bump, blow, or jolt to the head that changes the way the brain normally functions. Signs & symptoms of a concussion can include but are not limited to: headache, feeling pressure, nausea, vomiting, balance problems or dizziness, double or blurry vision, sensitivity to light or noise, feeling hazy, foggy, groggy, problems concentrating, memory issues, confusion, or just not "feeling right"; appearing dazed, stunned, confused, clumsy, forgetful, having mood/behavior changes, one pupil larger than the other, being drowsy, feeling weak/numb, decreased coordination, vomiting, nausea, slurred speech, convulsion, seizures, or loss of

consciousness. If a coach suspects a child/athlete has a concussion, he/she will be removed from play immediately. We recommend that parents/guardians follow up with their doctor if any concussion is suspected.

In addition, in case of medical emergency, I hereby give my permission via my signature below to hospitalize & secure proper treatment for the participant/s below. I hereby release Troy Gymnastics, its coaches, staff and ownership from all liability due to accidents occurring before, during or after the gymnastic instruction at the club. I further realize that Troy Gymnastics carries only liability and secondary insurance medical coverage, and that my participant/s is covered with the appropriate medical insurance needed. In signing this document, I irrevocable state that I fully understand the terms & conditions set forth by Troy Gymnastics.

All Information below must be completed and presented to the Tory Gymnastics staff to participate.

Participant's Name: _____ **Birthday:** _____

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Participant's Name: _____ **Birthday:** _____

Parent/Guardian PRINT Full Name _____

Parent/Guardian Signature _____

Street Address _____ **Zip Code/City/State** _____

Phone: _____