



70 Weiss Ave., West Seneca, NY 14224 716-677-0338 gymnastics-unlimited.net

Non-member Waiver 2026

Participant last name: _____

Today's date: _____

Participant first name: _____

Participant Date of birth: _____

Age: _____ **M / F**

(Circle one) Participant is a minor: Yes No

Are you here for: indoor play_____, open workout/tumbling_____, private lesson_____, or birthday party_____

(With Coach: _____)

_____[For non-minors]I am confirming that my date of birth is correct and once I am 23 years of age I can no longer participate

Complete parent/guardian information is participant is a minor

Parent/Guardian 1: Name: _____ phone #: _____

Parent/Guardian 2: Name: _____ phone #: _____

Address: _____ City: _____ Zip: _____

Email Address: #1 _____ #2 _____

Emergency Contact Name: _____ **Phone:** _____
MUST HAVE FOR ALL PARTICIPANTS

HEALTH INFORMATION

My child has medical insurance: y / n

All of the following statements on this page must be initialed.

The Gym relies on the parent or legal guardian's judgment regarding the child's ability & health to participate in the sport/activity.

Does your child (or do you if not a minor) have any behavioral, health or physical limitations/issues that may affect participation?

Yes _____ No _____ (if no, skip to Athletes release / permission for medical treatment)

If yes, please explain: _____

_____ If yes, by initialing, you understand there is a higher risk with a pre-existing condition and you choose to continue with activities at Gymnastics Unlimited / Haas Enterprises and will not hold Gymnastics Unlimited / Haas Enterprises liable for any injury that may happen.

(initial) ATHLETE'S RELEASE/PERMISSION FOR MEDICAL TREATMENT

Participation is entirely his or her own choice and with the understanding of risk of accidental injury involved in any activity involving unusual motion or height. If a minor, the parents acknowledge that they know of this injury risk the minor is assuming. In the event of an emergency requiring medical attention, I hereby grant permission to the personnel at Gymnastics Unlimited to administer first aid and/or physician or other hospital personnel designated by the Gymnastics Unlimited to attend my son/daughter (or ward).

_____ Participant attending the gym and using the facilities, does so at his or her own risk. The Gym operator, administrators, coaches & staff shall not be liable for any damage arising from personal injuries sustained by participant in or about the premises. Participant assumes full responsibility for all injuries and damages which may occur in or about the premises and he or she does hereby fully and forever release and discharge the gym operator, all associated gyms, their owners, employees, and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or arising out of the participants use of the gym and/or its facilities.

ASSUMPTION OF RISK:

_____ I have read this release form regarding "open times" at Gymnastics Unlimited. I agree to follow all rules and understand that there is an assumption of risk involved with participating in the sport of gymnastics. I agree not to hold Gymnastic Unlimited, its officers, agents or instructors responsible for any damages, injuries illnesses, permanent disabilities or even death which may occur with my association to Gymnastics Unlimited. I will give proper notice of any injury that may limit participation. I understand and give permission for medical treatment to be initiated by Gymnastics Unlimited. I understand policies may change without prior notice, but notice will be posted on our website.

Please print parent/legal guardian

signature

date