



## OPEN GYM WAIVER & RELEASE OF LIABILITY

### PERMISSION & SIGNATURES

Participant(s) Name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

By signing below, I give permission for: **(1)** my son(s)/daughter(s) listed above and/or myself to participate IN ALL OPEN GYMS at Swiss Turners Gymnastics Academy – 2214 S 116<sup>th</sup> St, West Allis, WI 53227; and **(2)** ACTIVATING the medical release. I also acknowledge that I have read the **WAIVER & RELEASE OF LIABILITY** statement and agree to its terms as a condition of participation. *These waivers & releases are effective for as long as the above listed individuals attend open gym activities and has **NO EXPIRATION**.*

\_\_\_\_\_  
Date                      Parent's Signature                      Parent's Printed Name                      Home Phone                      Cell Phone

**WAIVER AND RELEASE OF LIABILITY** (required for OPEN GYM participation)

**I hereby release and covenant not-to-sue** Swiss Turners Gymnastics Academy, all Swiss Turners various Booster Clubs, and/or each entities officers and/or owners, their members, staff, volunteers, landlords, or agents, **from any and all present and future claims resulting from ordinary negligence on the part of Swiss Turners Gymnastics Academy, or any others listed above** for property damage, personal injury, or wrongful death, arising as a result of engaging or receiving instruction in gymnastics, tumbling, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur. **I hereby voluntarily waive any and all claims resulting from ordinary negligence**, both present and future, that may be made by me, my family, estate, heirs, agents, representatives, or assigns.

I understand that Open Gym activities involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to bones, joints, & muscles. Mats, pits, and other safety equipment and apparatus provided for protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. **I am voluntarily allowing my child(ren) and/or myself to participate in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.**

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Wisconsin and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Wisconsin.

**MEDICAL RELEASE**

Should my child(ren) and/or I become ill or injured while participating in OPEN GYM at Swiss Turners Gymnastics Academy, I give permission and hereby grant the authority for Swiss Turners Gymnastics Academy staff members, OR Open Gym chaperones or volunteers, to (1) render first-aid emergency treatment **AND/OR** (2) to obtain emergency care for my child(ren) and/or myself; (3) to obtain the medical attention they may deem necessary for my child(ren) and/or myself. I further authorize the above designated to execute that consent required in connection with such advice or treatment. I hereby release said persons from and agree to indemnify them against any liability arising out of the exercise of the authority here granted.