

# PARTY, FIELD TRIP, AND CAMP WAIVERS

Name of Child \_\_\_\_\_

Allergies \_\_\_\_\_

Event \_\_\_\_\_

Event Date \_\_\_\_\_

I am fully aware of and appreciate the risks and possibility of injuries, damages, and other losses that may result from participation in gymnastics, tumbling and/or birthday party, field trip or camp activities and events. I hereby give my consent to PRECISION to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation in the instruction and/or other activities of PRECISION. I have read and fully understand the terms of this agreement, and I agree to be bound by its terms.

Parent Signature and Date \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_