



STUDENT INFORMATION

Student's Name _____

As legal guardian of _____, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Manchester Youth Football & Perfect Balance Gymnastics & Cheer, Inc. programs and activities and accept all risks associated with that participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue Manchester Youth Football and/or Perfect Balance Gymnastics & Cheer, Inc., its officers, directors, employees, volunteers and all others associated with the corporation from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Manchester Youth Football & Perfect Balance Gymnastics & Cheer, Inc.

In the event of an emergency, I would like my child to be taken to a hospital for medical treatment and I hold Manchester Youth Football & Perfect Balance Gymnastics & Cheer, Inc. and its representatives harmless in their execution of its action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Perfect Balance Gymnastics & Cheer, Inc.

I have read and understand this acknowledgement of risk and waiver of liability and medical authorization and I voluntarily affix my name in agreement.

Parent or Legal Guardian

Signature _____ Date _____

Parent or Legal Guardian

Signature _____ Date _____