D.E.E.N.O.S.
Open Gym Participation Waiver

_____

(Please Print) Parent's Name Child's Name D.O.B. School

_____

Street City Home Phone Cell Phone

☐ Please notify me of open gym dates and discounts via E-Mail. _____@_____

Being the legal parent/guardian of the above named child, I understand that gymnastics is a potentially dangerous sport and that injuries sustained while participating can be serious and even deadly. I know that Open Gym is a supervised, but not instructed, free play time in D.E.E.N.O.S. With that understanding, I give my permission for the above named child to participate in Open Gym on the date signed and in the future. In the event of an injury, I agree to hold harmless D.E.E.N.O.S. and all of their employees and volunteers. In doing so, I waive the right to bring legal action against D.E.E.N.O.S. and/or their employees and volunteers. I hereby appoint D.E.E.N.O.S. as my Agent for the purpose of obtaining medical treatment in the event of an injury. I agree to be responsible for all medical expenses incurred in connection therewith. In the event that D.E.E.N.O.S. incurs expenses for medical treatment of my child, I agree to reimburse D.E.E.N.O.S. in full immediately. I give permission for D.E.E.N.O.S. to use my child's picture/audio/video for advertising and/or research.

I have read and fully understand the above.

Legal Parent/Guardian _____Date_____