

Playtime Waiver

Place: Cumberland Gymnastics
221 Petersburg Rd.
Carlisle Pa 17013
717-245-561 www.cumberlandgymnastics.org

Please fill out this form for the child to participate.

Child's Name: _____

Parents Name: _____

Address: _____

Phone Number: H: _____ C: _____

Email: _____

Can child be in pictures posted on website/social media? Yes or No _____

I hereby authorize the staff at Cumberland Gymnastics, Inc. to act for me according to their best judgment in an emergency requiring medical attention, and I hereby waive any and all claims for personal injury that I may have against Cumberland Gymnastics, Inc. and its directors, officers, agents, employees, representatives, and any volunteers in any way associated with Cumberland Gymnastics, Inc. I understand that participation in gymnastics and tumbling carry with them the risk of injury. All medical expenses incurred will be the responsibility of the student or the student's family.

Parent signature: _____ Date: _____