



## Adult Liability Waiver

Vegas Valley Gymnastics Center  
975 White Drive  
Las Vegas, NV 89119  
(702) 331-3311

### Participant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Past Participant Injuries: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Emergency Information:

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Relationship to Adult: \_\_\_\_\_

### RELEASE OF LIABILITY FOR ADULT PARTICIPANTS - READ BEFORE SIGNING

I acknowledge that participation in Vegas Valley Gymnastics Center, hereinafter, (VVGC) entails known and unknown risks that could result in physical, or emotional injury, broken bones, paralysis, or death. I hereby agree that myself, my heirs, executors, or any other representative waive and release all rights and claims that I may have at any time against VVGC and / or its representatives, whether paid or volunteer, for any injury or damages in connection with the gymnastics program or other activities related to or at VVGC. **INITIAL**

### PERMISSION FOR MEDICAL TREATMENT:

I confirm that the above named participant is in good health and suitable physical, mental, and emotional condition to participate in any and all activities conducted by or at VVGC. I hereby authorize VVGC to administer simple first aid. I also authorize a medical exam, x-rays, and / or a medical/surgical diagnosis as deemed necessary any physician or hospital. **INITIAL**

### PERMISSION FOR MEDICAL TREATMENT:

I confirm that the above named participant (s) is in good health and suitable physical, mental, and emotional condition to participate in any and all activities conducted by or at VVGC. I hereby authorize VVGC to administer simple first aid. I also authorize a medical exam, x-rays, and / or a medical/surgical diagnosis as deemed necessary any physician or hospital. **INITIAL**

### IMAGE RELEASE

From time to time, photos may be taken while you or your child are participating in events or classes at or related to VVGC. VVGC reserves the right to use any and all such photos for promotional and advertising purposes. Should you NOT wish for VVGC to use your child's photo, you must submit a written request in person. **INITIAL**

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)