TRIAL CLASS _____

MEDICAL TREATMENT AUTHORIZATION

I, we, the undersigned, parent(s) of _____,a minor, do hereby authorize any adult instructor of Rising Star Gymnastics as an agent for the above minor to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis or treatment is rendered at the physician's office or at the hospital. This authorization is given pursuant to Provisions of Section 25.8 of the Civil Code of California. This authorization is to include transportation by a Rising Star Gymnastics staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Rising Star Gymnastics staff deem this is necessary.

I, we, the undersigned, also authorize said physician or hospital to release student to gym officials or Rising Star Gymnastics staff upon completion of treatment. This is given pursuant to Section 1283 of the health and Safety Code of California.

MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

We, the staff of Rising Star Gymnastics, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling and dance. Any activity involving height or motion creates the possibility of serious injury, paralysis and even death from landing on the neck, head and other parts of the body. Mats and pits do not eliminate this hazard.

RELEASE

1. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Rising Star Gymnastics including instruction, open workouts, running and conditioning, exhibitions, competitions, or clinics in which he or she may be participating or while traveling to or from any activity sponsored by Rising Star Gymnastics.

2. I/ We recognize that it is the responsibility of each participant to practice safe gymnastics and will instruct my/our child/children accordingly.

3. I/ We fully understand and will direct the minor participant that there are risks and dangers associated with participation in gymnastics events including but not limited to bodily injury, partial and/or total disability and death.

4. These risks may be caused by the negligence of the participant or negligence of others and there may be other risks not known to us at this time.

I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Rising Star Gymnastics and/or its representatives whether paid or volunteer.

I/WE HAVE READ THE ABOVE RELEASE AND SIGN IT VOLUNTARILY

_____ _____
PARENT(S)/GUARDIAN (SIGNATURE/RELATIONSHIP) DATE

_____ _____
WITNESS DATE
Primary Insurance Carrier_____ Policy #_____

CHILD'S NAME_____
LAST FIRST MIDDLE

ADDRESS:_____
STREET APT # P.O. BOX

_____
CITY STATE ZIP CODE

HOME PHONE:_____ **BIRTHDATE:**_____

PARENTS:_____**CELL:**_____
MOTHER
_____**CELL:**_____
FATHER

EMERGENCY PHONE NUMBER(S):_____

E-MAIL:_____

FAMILY PHYSICIAN AND PHONE:_____