GOLDEN GYMNASTICS

12580 W. CEDAR DR. LAKEWOOD, CO 80228

PERSONAL TRAINING SESSION WAIVER FORM

I parent/legal guardian ofhim/her, who is in good health to participate in gymnastics participate in jury can occur in the sport of gymnastics. I agree staff, sponsors, and all agents shall not be held responsible for a sustained during club sponsored activities of Golden Gymnastics.	programs of Golden Gymnastics. I also understand that the that Golden Gymnastics including its owners, officers, my costs or claims associated with any injuries or illnesses
Illnesses:	
I understand that Golden Gymnastics including its owners, office can to prevent the spread of any viruses or illnesses. I underst personal training sessions at Golden Gymnastics with regards to	and that there is an inherent risk in the participation of
Responsibilities of the Family and participant:	
participant(s) are in good health before coming to the prior to coming to the gym. Athletes will bring their own work-out bag to the gym a be in their personal workout bag: Water bottle Personal work-out items including: TheraBand, Weights, Grips, Wrist Suppose Hand sanitizer Athletic Tape & PreWrap A small plastic Ziploc container with lid Personal water spray bottle (for grips) Any other items used for training	
Caution:	or teammates. These items should not be left at the gym.
Any activity involving motion or height may cause catastrophic sure that is properly adjusted, secured, and has sufficient mats, new skills use a qualified spotter. Dismounts from the apparatu or neck, as catastrophic injury may result. If in doubt, always could be dangerous and could cause catastrophic head/net understand the inherent risks involved in gymnastics alon participation of personal training at Golden Gymnastics. I under to participate at Golden Gymnastics and its club activities.	appropriate to the exercise in position. When attempting is require proper landing techniques. Do not land on head consult your instructor. Any skill involving inversion of the eck injury or even death. In with any illnesses that may be contracted through
DATE:	Signature of Parent or Legal Guardian