

# WAIVER

Read the following carefully and sign below

*Note: Parent and student should sign if the student is under 18 years of age.*

## Athletic Membership Agreement and Information

Fill in all blanks, submit forms for the current season only, bearing original signatures (photocopies or facsimiles are not acceptable).

### Agreement

In consideration of my membership in Sokol Naperville Tyrs and Central District American Sokol and my participation in Sokol Naperville Tyrs and Central District American Sokol classes, events, competitions and activities, I agree to be bound by each of the following:

**1. Eligibility:** I agree to comply with the rules of Sokol Naperville Tyrs and Central District American Sokol.

**2. Readiness to Participate:** I will only participate in the Sokol Naperville Tyrs and Central District American Sokol classes, events, competitions, and activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises, which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.

**3. Medical Attention:** I hereby give consent to Sokol Naperville Tyrs and Central District American Sokol to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.

**4. Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further agree that Sokol Naperville Tyrs and Central District American Sokol, along with the employees, agents, officers, and directors of Sokol Naperville Tyrs and Central District American Sokol shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

### Information

**Primary Medical Insurance:** I am covered by a primary health/medical/accident insurance

through \_\_\_\_\_.

Print Athlete name \_\_\_\_\_.

Signature of Athlete: \_\_\_\_\_.

For any athlete who is not 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Sokol Naperville Tyrs and Central District American Sokol..

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_