



# Pulsars Gymnastics Club

1206 Ringwell Drive, Unit 1, 2 & 3 Newmarket, Ontario, L3Y 8V9

Phone: 905-836-2209 Fax: 416-850-9633 Email: pulsars@rogers.com

## Waiver & Release Form

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Date(s): \_\_\_\_\_

Times(s): \_\_\_\_\_

### Participant Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm dd yyyy) Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work / Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal code: \_\_\_\_\_

Email: \_\_\_\_\_

Special Concerns: \_\_\_\_\_

### Release

I, the undersigned, hereby agree to indemnify and save harmless, the Pulsars Gymnastics Club of Newmarket and their officers, instructors, coaches, employees, members from and against all claims, demands, costs, damages, actions, suits, or proceedings arising out of activities within the facility

Although every effort will be made to provide a safe and enjoyable atmosphere, it must be recognized that there are inherent risks involved. If you have any doubt as to you or your child's suitability for participating, please consult your doctor.

I agree a supervising coach or staff member may ask me/my child to leave without warning, if I do not comply with the gym rules as posted, this includes but not limited to misuse of equipment and language profanities (No refund will be issued).

I, the undersigned, do hereby  give permission  do not give permission for my child to be photographed with the understanding that the photograph may be used for promotional purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature if over 18 or Signature of parent or legal guardian

**A not-for-profit organization serving Newmarket and surrounding community since 1991**