



88 Wells Avenue
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www.exxcel.net

**2010-2011 EXXCEL GYMNASTICS AND CLIMBING
SPECIAL EVENT/OPEN GYM/OPEN CLIMB**

Mother's Name: _____ Father's Name: _____
Childs' Name: _____ F: _____ M: _____
Address: _____ City: _____ Zip: _____
Birth Date: _____ Age: _____ Grade: _____ School: _____
Email: _____
Telephone: Home () _____ Emergency: () _____
Name of Contact: _____

Acknowledgment of Risk and Waiver of Liability

We, _____ the parents or legal guardians of _____, hereby give permission for our child and ourselves to participate in programs at Exxcel Gymnastics, LLC. We recognize that gymnastics and climbing are sports that involve height and rotation of the body, and there are inherent risks involved. On behalf of our child and on our own behalf, we agree to waive all claims against Exxcel Gymnastics, LLC and its owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total disability, paralysis and death, which may occur to ourselves and any of our children while on the premises of or under the instruction, supervision, or control of Exxcel Gymnastics, LLC. We hereby testify to our child's sound health of mind and body and we authorize Exxcel Gymnastics, LLC to seek medical treatment at the nearest medical facility in case of emergency.

- **Exxcel is not responsible for lost or stolen items brought into the facility. Please leave all valuable items at home.**
- **Exxcel reserves the right to make, display and/or publish individual photographs. Photographs may be displayed within the gym, on the Internet, or printed in our advertisements or promotional materials.**

We have read and understand all the above and agree to the above terms, including the Waiver of Liability.

Parent, Guardian or Authorized Person's Signature: _____
Date: _____

For Office Use Only:

Group:
Date:
Time: