**88 Wells Avenue Newton, MA**
**(617) 244-3300 / (617) 244-5777 (Fax)**
**www.exxcel.net**

# 2026-27 EXXCEL GYMNASTICS & CLIMBING VACATION CAMP PARTICIPANT WAIVER

Child #1 Name _____ F__M_ DOB _____

**Any medical conditions to which we should be alerted:** _____

Child #2 Name _____ F__M_ DOB _____

**Any medical conditions to which we should be alerted:** _____

Address _____ City _____ Zip _____

Parent's Name _____ Cell Phone # _____

Email _____ Text Opt In _____

Home Phone # _____ Work Phone # _____

Parent's Name _____ Cell Phone # _____

Email _____ Text Opt In _____

Home Phone # _____ Work Phone # _____

Emergency Contact Name _____ Emergency Phone # _____

**Authorized people to pick up:** _____

## *Acknowledgment of Risk and Waiver of Liability*

As the parents or legal guardians of _____, we hereby give permission for our child 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 it's 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 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 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.
- Exxcel is not responsible for lost or stolen items brought into the facility. Please leave all valuable items at home.
- There is a $50.00 late fee charged if a child is picked up after the scheduled pick up time from camp.
- **No refunds or credits will be given for missed or cancelled camp days.**

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: _____