

# SD UNITED TRAINING CENTER

## Special Events Waiver / Release Form

**Please note: Only people with completed forms will be allowed on equipment.**

Participants Name: \_\_\_\_\_ DOB: \_\_\_\_\_

2nd Participants Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact (other than parent) Name and Phone # : \_\_\_\_\_

Type of event: (circle one)   Adult Gymnastics   Parents Night Out   Birthday   Open Gym  
Private Lesson   Skill Evaluation   Team Drop In   ( ) OTHER

This form covers **all** SD UNITED Training Center Events, (Parent's Night Out, Birthday Party, Field Trips, Summer Camps, Private lessons, Adult Gymnastics and other special event programs. Class enrollments require a full registration packet.

Parent/Guardian/Self Waiver Release Form: I fully understand that SD UNITED Staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release SD UNITED to render temporary first aid to my child/self in event of any injury or illness and if deemed necessary by SD UNITED Staff to seek medical help or call an ambulance. We will always contact the parent or guardian or emergency contact in the event of a serious injury. You agree that you are aware that your son/daughter/child/self will be engaging in physical exercise involving sports and fitness which could cause injury to them. You agree that your son/daughter/child/self is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive any claims or rights that you might incur as a result of these activities. SD UNITED Staff will make no evaluation or recommendation whether your son/daughter/child/self is physically fit for any physical activity. If your son/daughter/child/self has any physical condition that may impair his/her/their ability to engage in the activities, it is your responsibility to obtain a physician's statement/note describing any limitation to participate in this program. It is always advisable to consult a physician prior to undertaking any physical exercise program. I also release SD UNITED of liability of anyone associated with this participant in the event of injury that may be incurred within SD UNITED's premises.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_