



Currently Enrolled?: Yes/No

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

FIELD TRIP  OPEN GYM

OTHER: \_\_\_\_\_

Office Use Only:  
Total: \_\_\_\_\_ Method Pd: \_\_\_\_\_

Child's Name	M/F	Age	Birthday

### Emergency Contact Information

Name:	Phone Number:
E-mail:	How did you hear about us?

**Assumption of Risk-Indemnity Agreement:** This agreement is made in favor of Wildfire Gymnastics, Inc. (Hereafter known as "Wildfire"), Their respective employees, agents and instructors, to induce them or any of them to permit the undersigned and/or any minor children of the undersigned to receive instruction and utilize equipment owned or operated by Wildfire in gymnastics training and instruction. I recognize that gymnastics, in any form, and the travel associated therewith involve a high degree of risk and personal injury and I assume the risk of all such activities with Wildfire. I expressly release and agree to defend and indemnify Wildfire, their respective employees, agents, and instructors, from any and all claims, demands and liabilities for injury to the undersigned and/or my said activities. It is the intention of this document that the undersigned assumes all risk of injury to the undersigned and the minor children to the undersigned and that parties to whose benefit this agreement insures be free of all liability and damages for any such injuries and be indemnified, defended and held harmless by the undersigned for all risk and damages associated therewith.

**Permission to Treat:** I fully understand Wildfire Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Wildfire staff to render temporary first aid to my child or children in the event of injury or illness, and if deemed necessary by Wildfire staff to call our doctor and seek medical help, including transportation by Wildfire member or its representatives, whether paid or volunteer, to any health care facility or hospital, or calling of an ambulance for said child should Wildfire staff deem this necessary.

I have read, understand and concur with the above, in reference to the children's names listed above, along with the policies and guidelines of Wildfire Gymnastics.

Parent's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_