

OSHKOSH GYMNASTICS & CHEER, LLC

Group Waiver

AUTHORIZATION OF MEDICAL CARE – In cases of illness or injury while with Oshkosh Gymnastics & Cheer, LLC, in case a parent cannot be reached, the staff of OG & C may authorize medical care and treatment for the below named participant.

AGREEMENT TO PARTICIPATE – I understand that gymnastics, like any other situation involving height and movement involves risk and the possibility of serious injury. This student has no problem(s) that might compromise their safe involvement.

LIABILITY WAIVER – I understand that Oshkosh Gymnastics & Cheer, LLC does not carry medical insurance for participants and forever release the staff and owners from responsibility or liability for medical expenses incurred by any participant.

I HAVE READ THE ABOVE WAIVER AND THE RULES AND REGULATIONS OF OSHKOSH GYMNASTICS & CHEER, LLC.

Name of Group: _____ Date: _____

Group Leader: _____ Phone: _____

NAME / SIGNATURE	AGE	HOME PHONE
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