

CLUB WAIVER AND RELEASE

We, the staff of The Victors Gymnastics, Inc. recognize our obligation to make those who request to use our facilities aware of the risks and hazards associated with the sport of gymnastics. Although safety is first and foremost and safety precautions are taken, participants may suffer injuries, possibly minor, serious, or catastrophic in nature. Your Preschool Organization and its representatives should make students aware of the possibility of injury and encourage their students to follow all safety rules and their advisors' instructions.

The Victors Gymnastics, Inc., its officers, instructors and other staff members, will not accept responsibility under any circumstances for injuries sustained by any of your Preschool Organization representatives, parents or students during the course of their field trip at The Victors Gym. With this in mind, and being fully aware of the risks and possibility of injury involved, I the undersigned consent to have our Preschool Organization and our students participate in the agreed to, field trip offered by The Victors Gymnastics, Inc.

I, my executors or other representatives, waive and release all rights and claims for damages that I, any participant or advisor may have against The Victors Gymnastics, Inc. and or its representatives whether paid or volunteer. I understand that it is our Preschool Organization and its representatives' responsibility to warn students about the dangers of gymnastics and injury. Our Preschool Organization advisors should warn our students according to what we feel is appropriate.

Preschool Organization Acceptance:

Name of Preschool Organization (Print)

Officer's Name (Print)

Officer's Title (Print)

Officer's Signature

Date

The Victors Gymnastics, Inc.:

[Michael A. Mordenga](#)

[President and Club Director](#)

Officer's Name

Officer's Title

Officer's Signature

Date

PARENT OR GUARDIAN CONSENT FORM

Child's Name (Print)

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The Victors Gymnastics, Inc., its officers, instructors and other staff members, will not accept responsibility under any circumstances for injuries sustained by any of your Preschool Organization representatives, parents or students during the course of their field trip at The Victors Gym. With this in mind, and being fully aware of the risks and possibility of injury involved, I the undersigned consent to have my child participate in the agreed to, field trip offered by The Victors Gymnastics, Inc.

I, my executors or other representatives, waive and release all rights and claims for damages that I, my child or others may have against The Victors Gymnastics, Inc. and or its representatives whether paid or volunteer. I understand that I as a parent or guardian, our Preschool Organization and its representatives' jointly hold the responsibility to warn my child about the dangers of gymnastics and injury. Parents and our Preschool Organization advisors should warn my child according to what we feel is appropriate.

Parent or Guardian's Name (Print)

Signature

Date

Parent or Guardian's Name (Print)

Signature

Date