



# TNT Gymnastics & Fitness Complex

## Field Trip Participant Waiver / Release Form

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Parents Name: \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Childs past injuries/special information we should know about:

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Is your child allergic to any food or medications?

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Parent / Legal Guardian Must Sign Below to Participate:

I hereby authorize the staff of TNT GYMNASTICS AND FITNESS to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the camp and staff of TNT GYMNASTICS AND FITNESS from any and all liability to injuries and illness incurred while at the camp. I understand that participation in gymnastics and various sports activities involving height and motion and as such carries with it the risk of injury. The camp is not responsible for personal items that are lost, stolen, or damaged. All medical expenses incurred will be the responsibility of the participant's family. In lieu of medical certificates signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named child's participation in the camp/field trip program. I also understand that TNT Gymnastics & Fitness Complex retains the right to use photographs, videotape, motion picture recordings, or any other record of this event for publicity, advertising, or any legitimate purpose.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_