



Dunne's School of Gymnastics, Inc. 38 Pendleton Drive, Hebron, CT 06248
Tel. 360-228-1004

Open Gym Waiver
2019-2020 Season

I (parent's name) _____ hereby enroll
(student's name) _____ for open gym.

I agree to be responsible for payment upon the start of class. **In addition, any check returned to the school unpaid by my bank will be subject to a \$30 service charge.**

Cost: \$15.00/open gym (Pay by cash or check)

Make checks payable to Dunne's Gymnastics

Paid: cash OR check # _____

RELEASE OF ALL CLAIMS

In consideration of the permission granted to my child or ward to enroll and participate as a student at Dunne's School of Gymnastics, Inc., I hereby release and hold harmless Dunne's School of Gymnastics, Inc., its employees, instructors, agents, directors, officers, and volunteers from any and all claims, demands, liability, harm, injury, or damage which may result to my child or ward while enrolled as a student of this school and including all risks connected therewith. I further release the landlords of the facility from any injury which may occur to myself and children while on premises of such property. I fully understand that my child or ward assumes all the risks in connection with enrolling and participating in the activities of this school. I understand that any activity which involves motion, rotation, height, or inversion may cause accidental injury including death or paralysis. I further certify that my child or ward has undergone a physical examination within the last 12 months and that my child or ward is in good health and not suffering from any physical condition or disease which might increase that child or ward's risk of injury or accident by participating in the activities of this school.

I have read and understand all its terms. By signing this form, I also give my permission to utilize photos of my child for promotional purposes.

Parent/Guardian Signature: _____ Date: _____

Phone number: (circle) home, cell, work: _____

Parent's email address: _____

In order to help in the instruction of your child, please indicate any physical, emotional, or social impairments or particular challenges which your child may have, such as fear of heights, exercise-induced asthma, hearing difficulties, learning disabilities, etc. _____