

CITY OF MENLO PARK
(MENLO PARK GYMNASTICS)

WAIVER AND RELEASE FROM LIABILITY / ASSUMPTION OF RISK

I, _____, do hereby agree to allow my child, _____, to participate in **Menlo Park Gymnastics** with the City of Menlo Park's Community Services Department (hereinafter collectively referred to as "**Gymnastics**"). I understand the inherent dangers of my child participating in the programming at the **Gymnastics**, which includes potential injuries such as strains, bruises, breaks, abrasions, and other similar injuries, and even accidental death. There is also the risk my child may contract an illness, lice, or other malady. In consideration of my child's participation in **Gymnastics**, I hereby waive, release and discharge the City of Menlo Park, its officers, agents, employees and volunteers, for any and all claims which I or my child may have, or which may hereafter occur to me or my child, as the result of participation in **Gymnastics** except where caused by the gross negligence or willful misconduct of the City of Menlo Park.

The undersigned further expressly agrees that the foregoing waiver, release and indemnification is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion therefore is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I certify that I am my child's parent or legal guardian and I give my permission for him/her to participate in **Gymnastics**. I understand my signature is a legal and binding signature and will be considered original if received by fax.

Signature: _____

Print Name: _____
(circle one) Self Parent Guardian

Date: _____

MEDICAL TREATMENT

In the event of any emergency, if **Menlo Park Gymnastics** staff is unable to make immediate contact with a legal guardian, and any delay in consent would jeopardize the health and welfare of a child, I authorize the **Menlo Park Gymnastics** staff to secure medical personnel or any medical treatment deemed necessary for either my care or the care of my child whose behalf I'm signing this permission and agree that I will be responsible for payment of any and all medical services rendered. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the participant named above.

Signature: _____

Print Name: _____
(circle one) Self Parent Guardian

Date: _____

1. Does the participant have any physical, social, psychological, or special needs concerns that would preclude, limit or otherwise affect participation in **Menlo Park Gymnastics**? If yes, please explain: NO/ YES

2. Is the participant taking any medication that could preclude, limit or affect participation in **Menlo Park Gymnastics**? If Yes, please explain: NO/ YES

3. Has the participant had any physical injuries or surgeries in the past two years? NO/ YES

If yes, what is the affected area and date of injury/surgery:

4. Does the participant have a history of allergic reactions to foods, medications or insect bites/stings? If yes, please list and explain: NO/ YES

***Please ask staff for a copy of the City of Menlo Park's Medication Authorization Policy and fill out the appropriate authorization form if you would like to request that staff administer medication to participant.