Solid Rock Gymnastics, Inc.
Medical, Liability, Insurance, Internet Release

Please Print:

Participants First Name: _____ Last Name:_____

This waiver applies to all activities whether I bring my child or another person I designate brings him / her. This applies to Gymnastics classes, Birthday parties, Open Gyms, Pre- School Play Days, Daycare Field Trips, Overnight Events, Team Practices and Events, Fun &
Fitness Clubs as well as any other activity that I or my child participate in. By signing below, I understand that this form is in force and is binding, indefinitely from the time I sign it, regardless of whether the parent or legal guarding is present during activity.

Liability: We, the staff of Solid Rock Gymnastics Inc. recognize our obligation to make sure participants in all activities held at Solid Rock Gymnastics and their parents are aware of the risks and hazards involved in the sport of gymnastics, tumbling, and trampoline. Gymnastics, tumbling and trampoline can be dangerous and participants may suffer injuries, possibly minor, serious or catastrophic in nature or even death. Parents should make their children aware of the possibility of injury and should encourage children to follow all safety rules and instructions. I also recognize that utilizing exercise services and equipment may be dangerous, and I am fully aware of the risks and hazards involved. I, the undersigned, understand that it is my responsibility to consult with a physician prior to, and regarding utilizing exercise services and equipment. I, the undersigned, represent and warrant that my child is physically fit and has no medical condition which would prevent my child from utilizing exercise services and equipment. With the above in mind and being fully aware of the risks involved, by signing below, I, on behalf of myself and my child, knowingly and willingly assume the risks involved in participation and I release (discharge, covenant not to sue, agree to indemnify and hold harmless) Solid Rock Gymnastics, Inc., all employee's, Jessica Andrewson, and John & Danelle Catlett (releasees) from all claims (liability, losses or damages) on account of any injury which may be sustained by me and my/our child while attending or traveling to or from activities or any other event sponsored by Solid Rock Gymnastics, Inc. Consequently, I hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the releasees that may result from personal injury or accident of any sort suffered by me or my child. I further agree that if despite this release, anyone on the participants behalf makes claim against any of the releasees named above, I will indemnify and hold harmless the releasees from any litigation expenses, attorney fee, loss liability, damage or any cost that may occur as a result of such claim.

Medical: I understand that the staff members of Solid Rock Gymnastics Inc. are not medical practitioners of any kind. With this in mind, I hereby authorize by signing below, staff members with the right, not the obligation, to render temporary first aid to me or my child in the event of an injury or illness, and if deemed necessary, to call a physician and to seek medical help including transportation by a Solid Rock Gymnastics, Inc., staff member or its representative, whether paid or volunteer, to any health care facility or hospital, or the calling of an emergency vehicle/ ambulance for said child should the staff member deem necessary. I further acknowledge, understand, appreciate and agree that participation may result in possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza and Covid-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for participation and exposure.

Insurance: By signing below, I affirm that I now have and will continue to carry proper primary medical, health, hospitalization and accident insurance, which I consider adequate for the participants' protection. I believe the participants to be qualified and in good health and proper physical condition to participate in all activities. I will not seek any financial reimbursement in any form or by any means for any uncovered portion of any bill, medical or other, for injuries which resulted from participation.

Internet Consent: I give consent to have my child photographed. I understand, by participating in activities at Solid Rock Gymnastics, that photographs of my child might be placed on social media sites & web sites by other participating individuals & / or the Solid Rock Gymnastics staff. These visuals may be used for the team website, official social media accounts, and promotional materials. The organization will not publish my child's full name, home address, or contact details alongside these images without explicit, separate written approval.

Legal Guardian Name/ Print _____ Relation_____
Signature_____Date_____ Legal Guardian Name/ Print _____ Relation_____
Signature_____Date_____ Updated August 2026

******* If this waiver is for a birthday party participant:**

Please Print:

Birthday Honoree's First Name: _____ Last Name: _____