

# San Diego Rhythms

## Medical Release, Waiver, and Emergency Information Form

Gymnast's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ School Name: \_\_\_\_\_ Grade \_\_\_\_\_  
 Mother's/Father's/Legal Guardian's Name \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone # (H) \_\_\_\_\_ Mother Phone # (W) \_\_\_\_\_ Father Phone # (W) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Medical Insurance \_\_\_\_\_  
 In Case of Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_  
 Special Medical Concerns: Y/N if yes, explain \_\_\_\_\_  
 Has gymnast/dancer ever had a concussion?      yes      no

In consideration of San Diego Rhythms, Inc. allowing the individual on the practice floor or to participate in sports activity, class, program, Competition, camp, team, including non-gymnastics activities such as dance, cheerleading, swimming, and playground activities (hereinafter Referred to collectively as the "Activity), I the parent/legal guardian of the above named student agree to be bound as follows:

**Acknowledgment, Assumption of Risk and Medical Release:** I, the parent/legal guardian of the above named student, recognize that at Some time during the course of gymnastics and dance instruction, in order to achieve proper body placement and correct training exercises, The assigned instructor to my child may inadvertently touch his/her person in an impersonal manner while performing a "spot". A "spot" is The traditional way to correct body alignment and maintain safety in the sport of gymnastics and dance and is recognized as gym policy. I further understand that accidents and injuries can arise out of participation in Activity, and that Rhythmic Gymnastics requires the use Of apparatus, which may cause or contribute to personal injuries to me or to my child. Knowing the risks, nevertheless, I voluntarily agree That my child may participate in San Diego Rhythms Activity, and to assume those risks, and indemnify and to hold harmless all of the Persons or agencies mentioned bellow ("Released Par- ties") who might otherwise be liable to me (or my heirs or assigns) for damages. I Understand that in my absence San Diego Rhythms does not assume any responsibility for the care, custody, control condition, health or Well being of my child. Should injury or illness necessitate the need for my child to receive medical care, and the below signed parent/legal Guardian cannot be reached, San Diego Rhythms, its instructors or agents and the rental facility staff have permission to contact the above Listed physicians for instructions. In the event the physician cannot be reached or it is deemed a medical emergency, the below signed Parent/legal guardian gives permission for the City of San Diego 911 system, or the 911 system in the area in which San Diego Rhythms Outside event is taking place to be utilized. Any medical care provided, or emergency transportation costs are the sole responsibility of the Parent/legal guardian. This medical release is in effect for all San Diego Rhythms workouts, camps, exhibitions, performances and Competitions at any location San Diego Rhythms is instructing, performing or competing.

I give permission to San Diego Rhythms to publish my child's name, picture, and video in the newsletter, flyers, on the board, on the Club's website, face book page, instagram, and use it for any other publicity or professional purposes. \_\_\_\_\_

**Representation of Ability to Participate:**

I, the parent/legal guardian of the above named student hereby certify that my child is physically fit for and has the skill level required for participation in San Diego Rhythms Activities, and I have not been advised otherwise. The date of my child last physical exam \_\_\_\_\_  
 I, the parent/legal guardian of the above named student have inspected the facilities and equipment where San Diego Rhythms is offering their Activities, and accept them as being safe and reasonably suited for the purposes intended \_\_\_\_\_

**Release:**

I, the parent/legal guardian of the above named student hereby waive, release, covenant not to sue and discharge any and all claims for damages, death, personal injury, illness, or property damage which I or my child may have as a result of his/her participation in San Diego Rhythms Activity. This release is intended to release the San Diego Rhythms, its owners, officers, directors, administrators, and Any of its instructors, employees, and/or volunteers, and owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity (collectively the "Released Par- ties") of and from any and all liability for personal injury to me or my child as the result of any negligence arising out of or connected in any way with my child participation in any Activity organized, run and/or sponsored or attended by San Diego Rhythms, and the transportation of the above named individual to and from the Activity (collectively the "Released Claims"). \_\_\_\_\_

**Indemnification:**

I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, Including but not limited to costs and reasonable attorney's fees (including the cost of any claim I might make or that might be made on my behalf that is released in this document), arising out of or connected in any way with any of the Released Claims.

It is further understood that this waiver, release and assumption of risk is to be binding on my heirs and assigns. \_\_\_\_\_

**Parent/guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

How did you hear about us:  Internet  School Flyer  Friend (name) \_\_\_\_\_  Other \_\_\_\_\_

PLEASE CALL (858) 945 - 4114 or EMAIL to San Diego Rhythms: [info@sdrhythms.com](mailto:info@sdrhythms.com) to schedule a free trial class