Tri-County Gymnastics&Cheer

Field Trip Sign-Up Sheet & Release Waiver

Date _____ **Group** _____ **T-C Staff** _____

Tri-County Gymnastics, Inc., its coaches, and other staff members, will not accept responsibility for injuries or any costs associated with any injury sustained by any student during the course of gymnastics, tumbling, dance, or cheerleading instruction. **This includes open workouts or any form of exercise permitted during the use of the *Tri-County Gymnastics, Inc.* facility.**

It is understood that is the parent's responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels appropriate. *Tri-County Gymnastics, Inc*. will only warn the child through "safety messages," our teaching style, and progressions.

By signing below, I have read and agreed to all of the above and accept full responsibility for myself and/or the children associated with me, and any injury or accident I, or they, may be a part of, hold harmless all coaches, staff, and entities associated with *Tri-County Gymnastics, Inc.*

Child's Name	Age	Parent's Signature	Emergency Phone	(Write amount in correct box) Cash	Check	Charge

Payment _____

	Bill
	Pd Cash
	Pd Check
	Pd CC

Group Contact Name _____

Contact Signature _____