

## Field Trip Waiver

The state of the s

Please **PRINT** all information!

Event Date			75	
Child's Name	Gender M F	Birthdate:		
Parent/Guardian Name				
Phone Number	_ Alternate Phone Number _			
Home Address	City	_ State	Zip	
E-mail				
n case of an emergency, and parents/guardians cannot be reached, please contact :				
Name:	: Phone Number			

## Acknowledgement of Risk and Waiver of Liability:

I hereby consent to my child(ren) participating in the programs offered by TEGA Kids. I acknowledge that my child(ren) has/have medical approval and is/are physically fit and able to assume the role as a participant. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis or death, can occur in any activity involving height or motion, including gymnastics, tumbling, trampoline, and cheerleading, and that accidental drowning may occur, regardless of skill level, during any activity involving water. I UNDERSTAND and ACCEPT THAT RISK. I also realize that my child, if enrolled in any program, will be exposed to and utilize all gymnastics events plus various training devices including the trampoline. I further acknowledge that my child, if enrolled in swimming, will be participating in a swimming pool with a water depth of 6 inches-3.5 feet. I further understand that while payment of tuition and registration fee constitutes a part of the consideration due to TEGA Kids, an additional and important part of the consideration due to TEGA Kids is this signed release form. In consideration for allowing my child to use TEGA Kids' equipment and facilities, I hereby forever release TEGA Kids, it's owners, officers, employees, teachers and coaches from all liability for any and all damage and injuries, negligent or otherwise, suffered by my child while under the instruction, supervision or control of TEGA Kids, it's owners, officers, employees, teachers or coaches. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Signature of parent, guardian or participant (must be over 18)	Date	