

# Gymnastic Center of Hershey

*"Where Learning Starts With a Smile"*

## **GYMNASTIC CENTER OF HERSHEY WAIVER FORM**

I hereby give permission for my child to participate in this program. I also give permission for any employee at Gymnastic Center of Hershey (GCH) to take the necessary steps regarding medical attention ( i.e. first aid, calling ambulance service or transportation to be admitted to a hospital ) and give permission for qualified physician and/or hospital/emergency room to administer care, if required. For and in consideration of the granting of permission for said student to participate in this program and the benefits derived there from, we hereby assume full responsibility for the knowledge of the many risks of injury which may be involved. We agree to hold all supervisors and instructors of The Gymnastic Center of Hershey, Inc. program harmless from all claims to arise from any injury that may occur to said student by reason of said student's negligent participation in the above program. The risks involved in respect to such a program are fully understood.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**I WAIVE ANY RIGHTS TO SUE GYMNASTIC CENTER OF HERSHEY**

Gymnastic Center of Hershey, PO Box 583, Hershey PA 17033

717-534-1881