



BRING-A-FRIEND!

Who: Currently registered **MGC** students age 6+ are invited to **bring-a-friend** to a special class 2/19 from 2-3pm.

***Friends:**

Are not currently enrolled at MGC

Are same gender and age

Have a signed waiver by a legal parent/guardian to participate

When: Monday February 19th 2-3pm.

Where: Massachusetts Gymnastics Center ~ Leominster. 300 Hamilton St. Leominster, MA 01453. 978-466-1272.

Cost: \$0

Space is Limited. Pre-registration is required.

Friend Waiver

CONTACT INFORMATION:

Gymnast's Name: _____ Parent/Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

PERMISSION TO PARTICIPATE AND INDEMNITY:

I, _____, parent/legal guardian of _____, give permission for said son's/daughter's participation at Massachusetts Gymnastics Center, LLC. I understand that gymnastics is a sport that involves height, rotation, and other movements of the body, therefore, there are inherent risks involved. I attest to my son's/daughter's sound health of mind and body and I authorize Massachusetts Gymnastics Center to seek medical treatment at the nearest medical facility in case of emergency. Every effort will be made to promptly notify parent/legal guardian of such emergency. I agree to indemnify Massachusetts Gymnastics Center, LLC., its officers, agents, managers, members, and employees against any loss arising out of or relating to any injury to any member of my family, including any of my minor children. I also agree to indemnify Massachusetts Gymnastics Center, LLC., its officers, agents, managers, members, and employees against any loss arising out of or relating to the use by me or any member of my family, including of my minor children of Massachusetts Gymnastics Center, LLC. facilities, or arising out of or relating to my participation with Massachusetts Gymnastics Center, LLC., or with my child's use of the Massachusetts Gymnastics Center, LLC. facilities.

Parent/Legal Guardian Signature: _____ Date: _____

PHOTO/VIDEO CONSENT AND GENERAL RELEASE:

I hereby authorize Massachusetts Gymnastics Center, LLC. To use pictures of me (or my child/ward) taken in a photograph, digital image, videotape, motion picture, and/or testimonial (written words) in its own promotional materials. It is also my understanding that I will receive no compensation for my likeness or testimonial.

Parent/Legal Guardian Signature: _____ Date: _____

