



**Gym World Elite All-Stars (GYMNASTIC WORLD USA, INC.) Acknowledgement,  
Authorization, Medical, and Absolute Liability Release Form**

Athlete Information
Name: _____
Address: _____
City: _____, State: _____ Zip: _____
Home Number: _____
Gender: _____ Age: _____ DOB: _____
# of years Cheerleading: _____
Athlete's Cell Number: _____
Athlete's Other Number: _____
Athlete's Email: _____

Parent / Guardian Information
Parent / Guardian 1: _____
Address: _____
City: _____, State: _____ Zip: _____
Cell Number: _____ Work _____
Home Number: _____
Email: _____
Parent / Guardian 2: _____
Address: _____
City: _____, State: _____ Zip: _____
Cell Number: _____ Work _____
Home Number: _____
Email: _____

**MEDICAL INFORMATION**

Please list any physical/psychological limitations, injuries, or weakness that may affect the athlete's participation and/or performance: \_\_\_\_\_

Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**In Consideration for \_\_\_\_\_'s participation in the training and activities provided by Gymnastic World USA, Inc. including but not limited to all aspects of cheerleading training, gymnastics, trampoline, dance, and practices, I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my child's actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages my child incurs as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue GYMNASTIC WORLD USA, INC., including its Manager, Managing Members, officers, volunteers, agents, sponsors, advertisers and employees from any liability to the above named participant, of the person claiming through him/her, arising from injury to the person or property of the above named participant occurring on the premises of GYMNASTIC WORLD USA, INC., including any event sponsored or sanctioned by GYMNASTIC WORLD USA, INC. and/or travel to and from such activities. This release includes but is not limited to any claims of negligence, dangerous condition, latent defect, premises liability, code violation, negligent security, failure to warn, vicarious liability, negligent supervision, negligent maintenance, or improper / dangerous equipment: it is intended to be as broad as permissible under Florida law. I am fully aware of the nature of the activities provided and the possibility of injuries arising from such activities. I further agree to hold harmless, indemnify and defend GYMNASTIC WORLD USA, INC., including its Manager, Managing Members, officers, shareholders, agents, and employees from any loss, liability, damage or cost incurred by them due to the above named participant on the premises or during any event sponsored or sanctioned by GYMNASTIC WORLD USA, INC. This release is intended to be binding upon the participant his/her heirs, assignees and successors in interest, and anyone claiming by or through him/her. In addition, I have read and understand the Acknowledgement, Authorization, Medical, and Absolute Liability Release Form and agree to all the terms as stated above. I also attest that all information given is factual. I certify that the participant is in good health and may participate in activities at GYMNASTIC WORLD USA, INC. In case of an emergency requiring medical treatment, I do hereby grant my permission to GYMNASTIC WORLD USA, INC. to seek immediate treatment and/or take the participant to a qualified medical facility for care and treatment.**

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Signature of Participant (ages 18 and older)      Date

How did you hear about us? (Circle all that apply) Yellow Pages  Web Site  Birthday Party  Friend Parent Child Magazine   
 Neapolitan Magazine  Other \_\_\_\_\_