

**ROCHESTER TURNERS**

338 Pennsylvania Avenue

Rochester, PA 15074

724-774-7877

<http://www.rochesterturners.com>**Students may not participate without appropriate signatures.**

Waivers will be collected at registration.

**WAIVER & RELEASE**

I, \_\_\_\_\_, hereby release Rochester Turners Gymnastics and its employees from any liability for damage and/or injury to myself or to any person or property resulting from the instructions of Rochester Turners Gymnastics. I accept full responsibility for any and all such damage and/or injury.

I hereby acknowledge that I have carefully read, fully understand, and voluntarily signed the waiver and release below. My intent to comply with this waiver and release and to have it be legally binding on Rochester Turners and myself is evidenced by my signature below.

**IMPORTANT INFORMATION REQUIRED FOR REGISTRATION**

Participant Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Medical Insurance Co. Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

In case of injury, please list any allergies, physical handicap(s), or medication you are currently taking:

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEMBER:** \_\_\_\_\_**BALANCE DUE:** \_\_\_\_\_**CLASS:** \_\_\_\_\_ **AMOUNT PD:** \_\_\_\_\_ **DATE PD** \_\_\_\_\_