

# Gymnastics Waiver

## South Lyon High School

I, \_\_\_\_\_, (print parent name) grant my child, \_\_\_\_\_, (print participant name) permission to participate in gymnastics instruction with the coaching staff at the South Lyon High School. Careful spotting practices will take place, but with the nature of the sport, gymnastics can carry inherent risks. I will not hold South Lyon High School, the facility, the equipment, or the staff at South Lyon High School accountable for any injury that may occur. I know that my child is participating at their own risk and should not perform gymnastics skills they are not comfortable performing.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date