

Legacy Gymnastics Center

ASSUMPTION OF RISK * WAIVER OF LIABILITY * PHOTO RELEASE* MEDICAL AUTHORIZATION

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in activities such as gymnastics, tumbling, trampoline, dance, and cheerleading can result in severe injuries, permanent paralysis, brain damage, or even death. I am also aware that participation in some activities such as day camp involves transportation to and from field trips, which carries the risk of injury or death by vehicular accident.

ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE AND FOREVER RELEASE, Legacy Gymnastics Center LLC, their officers, directors, shareholders, employees, contractors, invitees, licensees and agents (“you”) from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting from acts of negligence by you. I also waive all rights any third party may otherwise have to pursue claims against you, I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of such claim.

In the event of an accident or emergency I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost and will hold you harmless in your management of such accident or emergency, I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care.

I am aware that photos and video are taken from time to time for marketing and instructional purposes and I hereby consent to their use by you.

I have read and understand this Assumption of Risk, Waiver of Liability, Medical Authorization and Photo Release, I understand that I have given up substantial right by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

PARTICIPANTS NAME _____

PARENT/LEGAL GUARDIAN’S signature _____

Date _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____