

Open Gym Waiver

Filling out this form completely and signing is required for participation in Performance Gymnastics activities.

YOU MUST HAVE THIS FORM AT SIGN-IN!

Your Child's Name

DOB

Parent or Legal Guardian

Relationship

Home Address

City

State

Zip

Primary Phone

Secondary Phone

Emergency Contact

Phone

Relationship

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

1.) **SPORTS PARTICIPATION CAN BE DANGEROUS.** I recognize that severe injuries, including paralysis or death can occur in any activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all programs and activities at Performance Gymnastics Academy and **I ACCEPT ALL RISKS** associated with such participation.

2.) In consideration for me or my child(ren)'s participation I hereby, for myself and my child(ren) our respective heirs and successors, **PROMISE TO NOT SUE** or **FOREVER RELEASE** Performance Gymnastics and its Entities and their respective officers, directors, shareholders, employees, contractors, and volunteers from all liability resulting from damages or injuries incurred as a result of participation including those resulting from the acts negligence.

3.) In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Performance Gymnastics Academy & Affiliates and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Performance Gymnastics Academy & Affiliates.

4.) I am aware that parents, grandparents, media, employees, or other persons may take videos on the Performance Gymnastics Academy premises and in consideration for my or my child(ren) participation I hereby grant my permission for my or my child's likeness to appear on the internet or in electronic or printed publicity or advertising.

I have read and understand this **ASSUMPTION OF RISK** and **WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION** and **PHOTO RELEASE** and I **VOLUNTARILY** affix my name in agreement.

Parent/Legal Guardian signature

Date