



PRACTICE LIKE A CHAMPION

How did you hear about us?

Student Information *(Please print clearly)*

Student First Name _____ Last Name _____
Student DOB (mm/dd/yyyy) _____ Special Medical Conditions/ Allergies: _____

Family, Parent/Guardian and Emergency Contact Information

Parent's/Guardian's First and Last Name _____
Address: _____ City _____ Zip _____
Phone _____ E-mail _____
2nd Parent's First and Last Name _____ Phone _____
Emergency Contact _____ Phone: _____

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of participating in **Ace Gymnastics Academy** I represent that I understand the nature of this Activity and that I and (if participating) my child or ward am/is qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious body injury, including permanent disability, paralysis and even death, which may be caused by my own actions, or inaction, 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 on my own and/or my child's or ward's behalf all such risks and responsibility for losses, cost, and damages I or my child or ward incur as a result of participation in the Activity.

I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid me, my child, or ward and prevent further injury and/or death. If possible, I wish to be contacted before any procedures are initiated, however, if the injuries are catastrophic, life threatening or I am unable to be reached, I give permission to the emergency care physicians, support personnel, and Ace Gymnastics Academy to do what they deem necessary in the best interests of me, my child or ward.

I hereby release, discharge and covenant on my own and/or my child's or ward's behalf not to sue Ace Gymnastics Academy, its respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, my child or ward, makes claim against any of the Releasees I, and on behalf of my child or ward, will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may occur in the result of such claim. Ace Gymnastics Academy reserves the right to use any video or photographic material for any legal purpose.

I agree that Ace Gymnastics Academy, its administrators, directors, employees have the right to record, broadcast and otherwise exploit in any and all media Participant's activity/performance in the event, and to use Participant's name, likeness, voice, and biographical information in connection therewith.

I further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees from others, and assume full responsibility for my participation and exposure.

I have read the Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, understand that I, my child and/or ward, have given up substantial rights by signing it and have signed it freely and without any 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.

[Print Parent's First, Last Name]

[Signature]

[Date]