



Assumption of Risk•Waiver of Liability•Medical Authorization

Child's Name _____

We, the staff of Choice Gymnastics,LLC, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, trampoline, dance and cheerleading. I recognize that injuries, possibly minor, serious or catastrophic in nature, can occur in sports or activities involving height or motion.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

In consideration for my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE Choice Gymnastics,LLC, its officers, directors, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Choice Gymnastics,LLC and its 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 Choice Gymnastics,LLC.

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

PARENT/LEGAL GUARDIAN's signature _____ Date _____