



Waiver

Student Name: _____ DOB: _____

Address: _____ City: _____ Zip Code: _____

Mother: _____ Phone: _____

Father: _____ Phone: _____

Family Email: _____

Emergency Contact: _____ Phone: _____

I, _____, am the parent or legal guardian of the above-named "Student" and I am authorized to enter into the following agreement with Spirit Xtreme, Inc. ("Spirit Xtreme").

WAIVER OF LIABILITY AND ASSUMPTION RISK

As Parent or legal guardian, I hereby consent to and assume all risks associated with the Student's participation in gymnastics, tumbling, dance, cheerleading, open gyms, birthday parties, special events, and all other activities conducted by Spirit Xtreme. I am fully aware of the inherent risks and I understand that the Student's participation in the aforementioned activities may result in injuries to the Student, including, but not limited to, muscle or other soft tissue strains, sprains, and tears, broken bones, severe injuries such as paralysis, permanent disabilities, and death.

Further, in consideration for Spirit Xtreme allowing the Student to participate in said activities I, my heirs and assigns, next of kin, and all others acting on my behalf or on behalf of the Student waive any and all rights, claims, damages, causes of action or suits of any kind or nature whatsoever which I or the Student has or may have against Spirit Xtreme, its staff, agents, owners or assigns. I expressly acknowledge and agree that this release of liability extends to and includes claims that I or my child might otherwise have against any of the forgoing persons or entities based on such persons or entities' negligence or fault.

MEDICAL RELEASE AND POLICY ACKNOWLEDGEMENT

I understand that the staff of Spirit Xtreme are not physicians or medical practitioners of any kind. Considering such, I hereby authorize Spirit Xtreme, at its discretion, to render first aid to my child in the event of injury or illness. Further, I assume all responsibility of payment of any and all medical expenses incurred on behalf of the Student.

I agree to inform Spirit Xtreme, prior to the Student participating in any activities, meetings, or other events, of any Student injuries or illnesses that may impair the Student's ability to participate in said events or expose others to communicable diseases. Spirit Xtreme, at its sole discretion may require the Student to obtain a doctor's release prior to participating in said activities. I understand and agree that should the Student require the use of an inhaler; it must accompany the Student at all Spirit Xtreme events. And absent a doctor's release, I shall be present during the Student's participation in said events.

I understand that as an observer at Spirit Xtreme's events I may injure myself at the premises. I take full responsibility for my actions and agree to pay for any and all medical bills related to said injury. This could include, but not limited to stepping off uneven mats and twisting an ankle, broken bones, torn ligaments, spine injuries or even death.

I consent to the Student and I, while attending or participating in any Spirit Xtreme events, being filmed, videotaped, or photographed by any means and grant the use of our likeness, voice and words without compensation.

Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. I have read and understand this **ACKNOWLEDGEMENT AND ASSUMPTION OF RISK** and **WAIVER OF LIABILITY** and enter into this agreement voluntarily. I am 18 years of age or older and have the legal authority and capacity to enter into said agreement.

Parent/Guardian Signature: _____ Date: _____

