

Open Gym Form

ABC'S Gymnastics Stars/ ABC Shoreline Gymnastics TC

Child's Name: _____ Last Name _____ M F D.O.B. _____

Address: _____ City: _____ Zip: _____

Guardian's Name: _____ Phone: _____

Emergency Contact (other than Parent/Guardian): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician: _____ Physician Phone: _____

E-mail Address: _____

From time to time we use the "participant's likeness" in our brochures, DVD's, website, or other promotional materials. I hereby grant to ABC's Gymnastics Stars, LLC/ ABC's Shoreline Gymnastics TC and to any third-party authorized by ABC's Gymnastics Stars, LLC/ ABC's Shoreline Gymnastics TC, the rights without limitation of time, territory or of any other nature, to use; in whole or in part, the name, image, likeness, voice, physical attributes, distinctive characteristics, now known or hereafter known, of the participant's Likeness, in whole or in part; all of which are hereinafter collectively referred to as the "Participant's Likeness".

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the

I, _____ represent _____
(Parent/Guardians name) (Childs name)

And understand the nature of this Activity and that I am 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 gymnastics, moon bounce, and play set activities involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, 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 all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue ABC Gymnastics Stars, LLC/ ABC's Shoreline Gymnastics TC, 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 in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights 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 all 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.

Participant Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____