



### MEDICAL RELEASE/ CONSENT FORM

I, the Undersigned, the parent/guardian of \_\_\_\_\_, give permission for \_\_\_\_\_ (name of child/student) to participate in the athletic training of gymnastics and/or cheerleading by or at Next Level Tumbling and Training Center, L.L.C. ("Next Level").

In the event of injury, the Undersigned is to be contacted at \_\_\_\_\_ (telephone number). If no one can be reached at this telephone number immediately, Next Level has my permission to seek emergency medical assistance **for which the Undersigned will bear all cost** at or from the hospital or emergency medical care facility in closest proximity to Next Level's facility located at 26090 Equity Drive, Daphne, Alabama. The Undersigned agrees to fully reimburse Next Level for the cost of such emergency medical treatment.

The Undersigned does hereby for him/herself, on behalf of \_\_\_\_\_ (name of child/student), their respective agents, heirs, executors and administrators, successors and assigns, release, acquit, waive, and forever discharge Next Level, Lori Cole Hadley, Next Level's parents, subsidiaries, or related or affiliated companies, and Next Level's present and former owners, members, managers, officers, employees, servants, attorneys, and agents of any kind from any and all claims, actions, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the Undersigned now have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries and property damage and the consequences thereof resulting or to result from any and all activities engaged in in conjunction with the athletic training of gymnastics and cheerleading and/or the assistance of obtaining medical care/treatment in the event of injury or accident.

**THE UNDERSIGNED HAS READ THE FOREGOING MEDICAL RELEASE/CONSENT FORM, FULLY UNDERSTANDS THE TERMS, AND AGREES TO BE LEGALLY BOUND BY ALL THE TERMS OF THIS DOCUMENT.**

Signature: \_\_\_\_\_ (relationship to child)

Date: \_\_\_\_\_