

Waiver and Release Form

The sports of gymnastics, cheerleading, tumbling, swimming, dance and martial arts involve certain inherent risks. I fully understand and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as, other damages and losses associated with participation in club activities and events. I further agree that Infinity Gymnastics Academy of Iowa, Inc. (Infinity) and the sponsor of any Infinity event, along with employees, agent, officers and directors of these organizations shall not be liable for any losses or damages occurring as a result of my child's participation.

I affirm that I now have and will continue to provide hospitalization, health and accident coverage which I consider adequate for both my child's and my own.

Infinity has my permission to render standard first aid emergency treatment to my child while in attendance at the facility or any off site events. I hereby give my consent, in the event I cannot be reached, for Infinity Gymnastics Academy to call a doctor and seek medical help, including calling for an ambulance to be transported to health care facility or hospital.

This agreement is subject to change without notice.

I have read, understand and accept all the above conditions.

Parent or Guardian's signature : _____

Child's name: _____

Date : _____

Phone Number : _____

Email : _____

I give permission for my child to be included in pictures/videos that might be used in promotional materials. _____ yes _____ no