**Assumption of Risk, Waiver of Liability, and Medical Authorization**

As legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereafter (child(ren) I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports activities involving height or motion, including but not limited to gymnastics, tumbling & trampoline, dance, cheerleading, birthday parties, special events & activities including inflatable’s, camps and any and all other programs offered at American Gymnastics Academy. Being fully aware of these dangers, I voluntarily consent to aforementioned person(s) participating in any and all American Gymnastics Academy programs and activities and **I** **ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing my child(ren) to use these facilities, I, on my behalf and my child(ren) and our respective heirs, administrations, executors and successors, hereby **CONVANT NOT TO SUE** and **FOREVER RELEASE** American Gymnastics Academy, and Keller Park Vista Inc., including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents. By your attendance at American Gymnastics Academy, you are granting full use of your likeness, voice, and words without compensation.

In the event of emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold American Gymnastics Academy, and Keller Park Vista Inc. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for American Gymnastics Academy.

If your child requires an inhaler, I understand I am required to stay with him/her or get a doctor’s release.

By your attending this event, you are granting your permission for you and your child to be filmed, videotaped or photographed by any means and are granting full use of your likeliness, voice and words without compensation.

I have read and understood this **ASSUMPTION OF RISK, WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION, I VOLUNTARILY** affix my name in agreement.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Legal Guardians Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions or allergies we should be aware of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Emergency Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_**

**Coach’s Use Only Below This Line:**

Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trial Class Yes\_\_\_\_\_\_ No\_\_\_\_\_\_ Birthday Party Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_