

Sportastiks Gymnastics



ASSUMPTION OF RISK • WAIVER OF LIABILITY • PHOTO RELEASE • MEDICAL AUTHORIZATION

Parents must sign if participant is under 18 years of age.

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, cheerleading, dance and martial arts. Being fully aware of these dangers, I hereby give my consent for my child(ren) to participate in any and all Sportastiks LLC programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my and my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE Sportastiks officers, directors, members, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result or participation including those resulting from acts of negligence.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my and my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in Sportastiks publicity and/or advertising.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Sportastiks and it's representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Sportastiks.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

For any participant that is not yet 18 years old: As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, events, competitions, and activities conducted by Sportastiks, LLC.

Participant Name _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

PRINTED NAME of Parent/Guardian _____

SIGNATURE of Parent/Guardian _____ Date _____