

**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 or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, and parties. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Patti's All-American Gymnastics, Inc. programs and activities and **I ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing me and my child(ren) to use these facilities, I, on my behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** Patti's All-American Gymnastics, Inc., its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Patti's All-American Gymnastics, Inc., including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In the event of an emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment by ambulance which I agree to pay for and I hold Patti's All-American Gymnastics, 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 me or my child as a result of any injury sustained while participating at Patti's All-American Gymnastics, Inc. I have read and understood this **ASSUMPTION OF RISK, WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION**.

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

I **VOLUNTARILY** affix my name in agreement.

Child's Name _____ Date of Birth _____

PARENT/LEGAL GUARDIAN _____ Date _____

Address _____ City _____

State _____ Zip _____ Email _____

Medical conditions or allergies we should be aware of? _____

Parent Phone Number _____ Cell Phone Number _____

Alternate Emergency Contact Person _____ Phone _____

Would it be ok to contact you about future promotions and new classes? Yes No (circle one)