

**Assumption of Risk**

**Wavier Of Liability**

**Medical Authorization**

Name of Child Participant (if under 18 years of age): \_\_\_\_\_

Name of Parent if Child Above or Adult Participant: \_\_\_\_\_

**Understanding of Policies:** I have read, understand, and agree with the following policies (see separate form):

- **Tuition And Fees** including amounts, due dates, and late fees Initial Here \_\_\_\_\_

**Make-Up Classes** including advance notification and other limitations Initial Here \_\_\_\_\_

**Class Cancellations** including two weeks notice Initial Here \_\_\_\_\_

**Wavier and Release:** I (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate that severe injuries, including permanent paralysis or even death, as well as other damages and losses associated with participation in the programs or activities at **Trics Gymnastic Academy** can occur in sports or activities involving height or motion, those activities including, but not limited to, gymnastics, tumbling, trampoline, dance, and cheerleading. In addition, I (we) knowingly and willing assume all such risks. Being fully aware of these dangers, I hereby give consent for my child (ren):

\_\_\_\_\_  
Child's Name

to participate in any and all **Trics Gymnastic Academy** programs. In consideration for my child(ren's) participation, I (we) hereby for myself and my child(ren) and our respective heirs, executors, and administrators, **COVENANT NOT TO SUE** and **FOREVER RELEASE Trics Gymnastic Academy**, the owners, operators, directors, officers, employees, and other members of **Trics Gymnastic Academy**, from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of **Trics Gymnastic Academy** including those resulting from acts of negligence. I also assume all medical expenses while training at, or performing for **Trics Gymnastic Academy**. Further, it is affirmed that sufficient insurance covering all such injuries and damages shall be in full force and effect throughout the program or it's equivalent throughout the child's/parent's gymnastics career by insurance listed on this card.

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 **Trics Gymnastic Academy** and its representatives harmless in the execution of such. Accordingly, I hereby agree to individually provide for all medical expenses which may be incurred by me or my child (ren) as a result of any injury sustained while participating at or for **Trics Gymnastic Academy**.

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

I, the minor's parent or legal guardian, understand the nature of the activities my child will be involved in at **Trics Gymnastic Academy**, and the minor's experience and capabilities, and believe the minor qualified, in good health, and in proper physical condition to participate in such activities. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused, in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or any cost that may occur as the result of any such claim.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Please PRINT Legal Signature

\_\_\_\_\_  
Date