## Gym America – Gymnastics & Dance Center LLC

## Waiver & Release of Liability Form for Open Gym and Birthday Parties

A waiver must be completely filled out and signed for each family and participant.

Participant(s) Name (first and last):		_ M / F, DOB:	, Age:
Known Medical Conditions:			
Participant(s) Name (first and last):		_ M / F, DOB:	, Age:
Known Medical Conditions:			
I certify that the above named participants have had a physical	al in the last year a	and have been determine	ed to be in good health such that
engaging in the above described activities does not pose any	health risks		Initials
Parent/Guardian:	Primary Phone:		
Street Address:			
Email:			
Emergency Contact Name/Phone Number:			
Assumption of Risk, Waiver & Release of Liability			
I certify that my child has had a physical within the last year and be including but not limited to gymnastics, dance, and aerial arts, held a arts, and related activities are potentially hazardous activities that is safety equipment used. Possible injuries vary from broken bones and proper progressions will be taught, the risk of injury can never be eliminated to the control of	nt or hosted by Gym involve height and r contusions to paraly	America. I understand and otation which pose a risk	acknowledge that gymnastics, dance, aeri of injury regardless of the precautions ar
I hereby for myself, my children, my heirs and executors waive and America, their agents or representatives; for any injury or damages association or entry in gymnastics, aerial arts or other activities spot Gymnastics, Dance and Aerial Arts LLC, the Directors, and any of resulting from ordinary negligence of Gym America – Gymnastics, death, arising as a result of my engaging or my child engaging in or or any activities incidental thereto, held at or hosted by Gym America present and future, that may be made by me, my family, estate, heirs	s that may be suffer onsored by or at Gyr f their employees, te Dance and Aerial A receiving instruction ca. I hereby voluntar	ed by me, my children ad in America. I hereby releas eachers, coaches or agents arts, or others listed for pro- in gymnastics, cheerleadir	opted or otherwise, in connection with me and covenant not to sue Gym America from any and all present and future claim operty damage, personal injury or wronging, dance, martial arts or any other activities
Because I am aware that gymnastics, dance, aerial arts and related enrolling my child or ward to participate in Gym America's gymnastrisks involved and on behalf of my child or ward, I hereby assume a intends to be as broad and as inclusive as permitted by the laws of the of these terms will continue in full legal force and effect. I further ag	tics, dance and aeria and accept all risks one Commonwealth o	l arts program, birthday par f any resulting injury. I fur f Virginia and I agree that	rty or open gym, with full knowledge of the ther understand that this waiver and release if any portion is held invalid, the remaind
	/	/	
Parent or Guardian Signature month	day year		
<b>PHOTO/MEDIA RELEASE:</b> I give Gym America – Gymnastics, events, classes, camps or gym by Gym America – Gymnastics, Darlines below:			
YES: NO:			
Initials - I affirm that I am of legal age and ar this form I am giving up legal rights and or remedies, which may be Aerial Arts or any person listed above.			
Initials - MEDICAL ATTENTION: I gi treatment for any injury sustained during participation until the parer for Gym America – Gymnastics, Dance and Aerial Arts staff to use admittance, when needed, as a result of injury during participation Gymnastics, Dance and Aerial Arts staff.	nt/guardian can be co their own judgment	ontacted. In case the parent in securing medical aid, a	t/guardian cannot be reached, I give consembulance service, and if necessary hospit