



**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)**

In consideration of participation in Gymnastics training, cheerleading training & other related incidental physical activities which necessarily coincide with said training, I represent that I understand the nature of this activity and that I am qualified in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, of the negligence of the “releases” named below: and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue RIVER CITY GYMNASTICS INC., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASES” herein) from all liability, claims, demands, losses, or damages, on my account caused in whole or in part by the negligence of the “releases” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Printed name of participant

\_\_\_\_\_  
 Signature of participant

**PARENTAL CONSENT**

And I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of any such claim.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Printed name of Parent/Legal Guardian

\_\_\_\_\_  
 Signature of Parent/Legal Guardian

Emergency Telephone # \_\_\_\_\_

PARENT INFO: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Allergies and/or any special medical concerns: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Company: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Class Day: \_\_\_\_\_ \*Class Type: \_\_\_\_\_ Class Time: \_\_\_\_\_

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Class Day: \_\_\_\_\_ \*Class Type: \_\_\_\_\_ Class Time: \_\_\_\_\_

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FOR OFFICE USE ONLY: Trial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cash/Ck # \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Month: \_\_\_\_\_ \$

I hereby give River City Gymnastics my permission to use my child/children(s) name/picture for promotional/advertising purposes now or in the future.

Initial Here

**DROP POLICY: AN OFFICIAL DROP NOTICE MUST BE TURNED IN BY THE 15TH OF THE MONTH TO AVOID NEXT MONTH'S BILLING CYCLE. FORMS ARE AVAILABLE FROM THE FRONT OFFICE.**

Initial Here

**I acknowledge that I carry health insurance on my child as listed above.**

Date: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_