



Welcome to LA School of Gymnastics

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Must be returned to party host by _____

I understand that my participation in physical activity at the Los Angeles School of Gymnastics requires me to be qualified, in good health, and in proper physical condition. 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 even death) which may be caused by my own actions, inactions, the actions or inactions of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named above. I understand 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 responsibility for losses, cost, and damages I incur as a result of my participation in this activity.

I hereby release, discharge, and covenant not to sue LA School of Gymnastics, its administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, and owners/lessors of the premises where the activity takes place (each considered one of the "releasees" herein) from all liability, claims, demands, losses, or damages to myself, caused, or alleged to be caused in whole, or in part, by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone or my behalf makes 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 occur as a result of the claim.

I have read the release and waiver of liability, assumption of risk, and indemnity agreement, and I 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, not withstanding, shall continue in full force and effect.

Emergency Consent to Treat

I hereby give permission to certified and licensed medical personnel to use appropriate procedure to aid myself, _____, to prevent further inquiry and/or death. I give permission to the emergency care physicians, support personnel and LA School of Gymnastics to do what they deem necessary in my best interests.

Would you like to be added to our mailing list? Yes No

Participant's Name (Please Print) _____

Birthdate (Please Indicate for each child) _____

Phone Number (Required for emergencies) _____

Address _____ Apt. _____ City _____ Zip _____

Please Print, Include any unit or suite number. Sorry, no PO boxes)

Email Address _____

Required for Hosts- We will not spam you

Parent/Legal Guardians Signature (if under 18) _____

Today's Date _____

