

FAMILY LAST NAME: \_\_\_\_\_

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

In consideration of participating in gymnastics 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, or 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, cost and damages I incur as a result of my participation in the *activity*.

I hereby release, discharge and covenant not to sue The Laketown Gym, 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 or allowed to be caused in whole or in part by the negligence of the releases or otherwise including the negligent rescue operations and future agree that if, despite the release wavier of liability and assumption of risk, I or anyone on my behalf makes a claim against and 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 a result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, I understand that I have given up substantial rights by signing it and have signed it freely, and without and 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 of notwithstanding, shall continue in full force.

**Use of Photographs, Videotapes and Recordings**

I also expressly grant Laketown Gymnastics and any third party authorized by Laketown Gymnastics the right to film, videotape, photograph, record the voice of, and make any reproduction of the athlete's physical likeness and voice and the irrevocable right in perpetuity to use, display and digitally enhance or alter in any manner such likeness in any media now known or here after devised, including but not limited to; the exhibition and/ or online use, broadcast, theatrically or on television, cable, or radio, or any motion picture film video tape, DVD, CD, or any published articles in which such likeness may be printed, used, or incorporated, and in the advertising, exploiting and publicizing of Laketown Gymnastics and our products.

**Parental Consent**

AND I, the minor's parent 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 form all liability, claims demands, losses or damages on the minor's account 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 release from any litigation expenses, attorney fees, loss liability, damage or cost any release may incur as the result of any such claim.

\_\_\_\_\_  
PARENTS PRINTED NAME

\_\_\_\_\_  
PARENTS PHONE #

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PARENTS SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
PARTICIPANT'S NAME

\_\_\_\_\_  
--> BIRTHDATE (MM/DD/YR)

\_\_\_\_\_  
PARTICIPANT'S NAME

\_\_\_\_\_  
--> BIRTHDATE (MM/DD/YR)

\_\_\_\_\_  
PARTICIPANT'S NAME

\_\_\_\_\_  
--> BIRTHDATE (MM/DD/YR)

OFFICE USE: \_\_\_\_\_ SYSTEM \_\_\_\_\_ DATE \_\_\_\_\_ INITIALS