

PERMISSION TO PARTICIPATE

Guest's Name: _____ Date of Birth: _____ M / F _____

Parent's Name(s): _____ Home Phone Number: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name & Phone Number: _____

How did you hear about us? _____ E-Mail Address: _____ @ _____

WAIVER OF LIABILITY

In consideration for my or my child(ren)'s current and future participation I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE Gymnastic Spectrum, LLC, their respective officers, directors, shareholders, employees, contractors and volunteers from all liability resulting from damage or injuries incurred as a result of participation including those resulting from acts of negligence.

_____ (Initial) I've read the above and agree.

LIMITATION OF REMEDY

In case of any claim for death or personal injury, damages shall be limited to the total amount paid to Gymnastic Spectrum, LLC, by or on behalf of the injured party during the twelve month period preceding the incident giving rise to the claim.

_____ (Initial) I've read the above and agree.

ASSUMPTION OF RISK

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to Gymnastics, Tumbling and Trampoline, Tae Kwon Do, Ninja Mania, ball sports and inflatable play. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Gymnastic Spectrum, LLC classes, programs, birthday parties, events, activities and I FOREVER ACCEPT ALL RISKS associated with such participation.

_____ (Initial) I've read the above and agree.

MEDICAL AUTHORIZATION

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Gymnastic Spectrum, LLC and their representatives forever harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at Gymnastic Spectrum, LLC.

_____ (Initial) I've read the above and agree.

PHOTO/VIDEO RELEASE

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)s participation I hereby grant my permission for my child(ren)s likeness to be used in Gymnastic Spectrum, LLC publicity or advertising. If you do not want photos taken please contact our desk and we will take care of it.

_____ (Initial) I've read the above and agree.

PARENT/GUARDIAN SIGNATURE

I have read, initialed and understand the above WAIVER OF LIABILITY, LIMITATION OF REMEDY, ASSUMPTION OF RISK, MEDICAL AUTHORIZATION, and PHOTO/VIDEO RELEASE. In addition, I confirm that I am the parent/legal guardian of this registrant(s).

_____ (Initial) I've read the above and agree.

Parent's Signature _____ **Date** _____

RESPONSIBLE ADULT

I have obtained permission from the parent/legal guardian of the participant named above to execute this agreement on such parent/legal guardian's behalf.

Print Name _____

Signature _____ **Date** _____