

## Permission To Participate

**Guest's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **M/F:** \_\_\_\_ **E-mail:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

### **Acknowledgment of Risk and Waiver of Liability**

I hereby consent to the above person participating in programs offered by Elite Gymnastics Center LLC. I understand that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and movement education. I also realize that my child will be performing and training on all gymnastics events plus various other gymnastics training devices including trampoline and bounce house. I certify that the above person is in good health and is medically fit to participate. I hereby for myself, my child and/or children, adopted or otherwise, my heirs and executors, forever waive and release any and all rights against Elite Gymnastics Center LLC ("EGC"), their agents or representatives, for any injury or damages that may be suffered by me, my child and or children, adopted or otherwise, in connection with my association or entry into gymnastics, or other activities sponsored by EGC. I give EGC, its members, officers, agents, employees, and any other medical personnel permission to treat myself, my child and/or children, adopted or otherwise, I also give my permission for EGC to use any images of myself or my children for marketing purposes and for program development without compensation to myself or my child. This acknowledgement of risk and waiver of liability, having been read and understood completely, is signed voluntarily as to its content and intent.

**Parent's Name:** \_\_\_\_\_ **Parent's Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_