

Elizabethtown Gymnastics, Inc.

3026 Ring Road* Elizabethtown, KY 42701

ASSUMPTION OF RISK, WAIVER OR LIABILITY, MEDICAL AUTHORIZATION

As Legal Guardian of _____ (child) or as an

Adult Participant _____ (myself), I recognize that potentially severe injuries, including but not limited to catastrophic injury, permanent paralysis, or death can occur in sports activities involving heights or motion, including but not limited to gymnastics, tumbling, trampoline, cheerleading, sports conditioning, and general fitness. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any Elizabethtown Gymnastics, Inc. program and activity, and I accept ALL RISKS associated with that participation.

In consideration for allowing my child to use the facility, I on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby covenant NOT TO SUE and FOREVER RELEASE Elizabethtown Gymnastics, Inc. its officers, directors or employees.

IN THE EVENT OF AN EMERGENCY, I would like my above mentioned child or myself to be taken to a hospital for medical treatment and I HOLD Elizabethtown Gymnastics, Inc. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at Elizabethtown Gymnastics, Inc.

I HAVE READ AND UNDERSTAND THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE