



104 Potter Lane, Delmont, PA 15636

ULTIMATE GYMNASTICS, LLC, LIABILITY WAIVER

First Name of Child	Last Name of Child	Date of Birth:	Gender:
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Address, City, State, Zip:			
Last and First Names		Telephone	Cell Phone
Parent:			
Spouse/Partner:			
Email address:			
Emergency Contact Name (other than parent):		Emergency Contact Phone:	

WARNING!!!

In consideration for the use of services, facilities, or equipment provided by Ultimate Gymnastics, LLC (here after referred to as Ultimate Gymnastics), the participant hereby releases Ultimate Gymnastics, its subsidiaries, affiliates, partners, officers, directors, employees, agents and volunteers (and each of their respective heirs, assigns, and legal representatives), on behalf of the participant or his or her heirs, assigns, and legal representatives, from any and all liability for negligence, bodily injuries, death or property damage to participant, arising out of participant's use of, or presence upon property, or services of Ultimate Gymnastics.

The participant at Ultimate Gymnastics understands, acknowledges, and agrees that acrobatics, gymnastics, cheerleading, tumbling and trampoline are dangerous activities, and those activities can result in injury to the person or damage to the property or to third parties, and the participant is fully aware of the risks inherent in engaging in or observing any activity at or provided by Ultimate Gymnastics, no matter how careful the participants and staff, no matter what safety equipment is used, the risk cannot be eliminated. Risk can be reduced but never eliminated.

The participant voluntarily assumes all risk of loss, damage, or injury while on the premises. The participant acknowledges that there are various degrees of skill and experience required for the different activities and the participant will abide by the rules for the use of the various activities, **including not using any equipment without an instructor present and following all instructions of staff members.** Failure to follow rules and instructions from staff may result in termination of participation in activities without refund.

The participant agrees to indemnify Ultimate Gymnastics against, and save it harmless from, any and all damages, actions, claims, judgments, costs of litigation and attorney fees, which may result from the participant's use of or presence upon the property or facilities, or services of Ultimate Gymnastics, including damage to the equipment used by Ultimate Gymnastics.

I hereby authorize Ultimate Gymnastics to act for me according to their best judgment in any emergency requiring medical attention. All medical expenses incurred will be the responsibility of the participant or participant's family. I certify to Ultimate Gymnastics that I have no physical condition or mental impairment that would be affected by participation in activities of Ultimate Gymnastics. I permit Ultimate Gymnastics to use any photographs, videotapes, motion picture recordings, or any other record taken while I am on the premises of Ultimate Gymnastics, or engaged in any activity or event sponsored, promoted, or organized by Ultimate Gymnastics for publicity, advertising, or any legitimate purpose.

By signing this waiver and assumption of risk and release, I acknowledge that I have read the above release and fully understand its contents. I agree to be bound by the terms of the release and understand that any and all risks, whether known or unknown, are expressly waived in advance. I certify that the participant is covered by insurance to cover any injury or damages I may suffer or cause, or else I agree to bear the costs for such injury or damage to myself, or others.

PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER THE AGE OF 18.

Signature of parent/legal guardian _____ Date _____

Print name of parent/legal guardian _____ Relationship to participant _____

Witness _____ Date _____