

2017-2018 POWER & GRACE GYMNASTICS AND DANCE PROGRAM
PARENT/GUARDIAN RELEASE OF LIABILITY FOR MINOR CHILD'S PARTICIPATION

READ BEFORE SIGNING

GYMNASTICS INSURANCE IS REQUIRED FOR ALL STUDENTS AND TEACHERS OF "POWER & GRACE GYMNASTICS AND DANCE INC." THIS INSURANCE INCLUDES LIABILITY COVERAGE AND SECONDARY MEDICAL COVERAGE FOR ALL PARTICIPANTS. OUR PREMIUM IS BASED ON OUR ENROLLMENT. THIS INSURANCE HAS A DEDUCTIBLE.

In consideration of **(print student's name)** _____, my child of minor age, being allowed to participate in any way in the "Power & Grace Gymnastics and Dance Inc." Gymnastics Program, related events, and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to my/our child does exist; and,
2. I KNOWINGLY AND FREELY ASSUME SUCH RISKS, both known and unknown, and assume full responsibility for my child's participation; and
3. I willingly agree to instruct my/our child to comply with the stated and customary terms and conditions for participation.

If I observe any unusual significant concern in my/our child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and

4. I, for myself and on behalf of my child, heirs, assignees, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE "POWER & GRACE GYMNASTICS AND DANCE INC." GYMNASTICS PROGRAM, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, to the fullest extent permitted by law.

PHOTOGRAPHY RELEASE – Power & Grace Gymnastics and Dance Inc. periodically takes photographs for advertising and promotion use in print and electronic publications. By my signature below permission is granted to use my or my child's picture or image in any future publications, web site and marketing literature or promotional videos for Power & Grace Gymnastics and Dance Inc.

I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____, _____ DATE SIGNED _____
PARENT, GUARDIAN SIGNATURE PRINTED NAME

ADDITIONAL PARENT OR GUARDIAN _____ RELATIONSHIP _____

CHILD'S NAME _____ AGE _____ CHILD'S BIRTHDATE _____

ADDRESS _____ CITY _____ ZIP _____

MOM'S CELL: _____ DAD'S CELL: _____

HOME PHONE #: _____

MOTHER'S JOB _____ FATHER'S JOB _____

EMERGENCY CONTACT:(IF A PARENT CANT BE REACHED): _____ # _____

PRIMARY EMAIL ADDRESS: _____ OWNER: _____

SECONDARY EMAIL ADDRESS: _____ OWNER: _____

(Email is our primary method of communication so please include your most current email address and check it often.)

KNOWN FOOD OR MEDICATION ALLERGIES: _____

REFERRED BY FRIEND: PERSON'S NAME _____ GOOGLE _____ FACEBOOK _____ COMMUNITY EVENT _____

PLEASE LIST ALL CLASSES YOUR CHILD WOULD LIKE TO PARTICIPATE IN. IF A CLASS FILLS WE WILL CONTACT YOU FOR YOUR 2ND CHOICE. FOR EXAMPLE YOU WOULD WRITE: BALLET (AGE 4-6) WEDNESDAY 5-6 PM

CLASS(ES)

DESCRIPTION/DAY/TIME _____
