Updated: 02/07/2011

LIABILITY RELEASE AND INDEMNIFICATION

Prior to participation, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age-appropriate.

Name of the participant:			(participant's) DOB:		
Address:				. ,	
Home Phone: A					
including (hereinaf	non-gymnastics activities s fter referred to as the "Activi "I" in this release refers to be Acknowledgement and A permanent disability, paral participating in the Activity	uch as special events, birthday parti y"), I, and if I am not yet 18 years of both the gymnast and his or her pare assumption of Risks. I understand ysis, and death, which may be caus the conditions in which the Activity	es, field trips, open d my parents or le ents or legal guard that the Activity in ed by the gymnas takes place, the n	sports activity, class, competition, team, n gym, open house and playground activities gal guardians, agree to be bound as follows ians): volves risks of serious body injury, including t's actions or inactions, those of others egligence of the "Released Parties" named not known to me or not readily foreseeable at	
(2)	this time. I fully accept and Activity and to transportation. Representation of Ability qualified, in good health at above representations have	assume all such risks and all respond to and from the Activity. to Participate. I understand the naid in proper physical condition to paid	nsibility for losses ture of the Activity rticipate in the Acti believe that the A	, cost, and damages that may result from the y, and I represent that the gymnast is ivity. Should I ever believe that any of the activity is not safe or is no longer safe for the	
(3)	Release. I hereby release officers, administrators, en lessors of any facilities wit providing facilities or assis (collectively the "Released damages of whatever namany of the Released Partie	acquit, covenant not to sue, and for apployees, agents, volunteers, sponson which the Activity is conducted, ting on the conduct of the Activity an Parties") of and from any and all ace or nature, including but not limited	rever discharge El ors, advertisers, con heir respective ag ad in the transporta- tions, caused of a to those arising from any way to the	ite Gymnastics Academy, LLP, its owners, oaches and supervisors, and the owners or ents and employees, and all other persons ation of participants to and from the Activity ction, claims, demands, liability, losses or rom or in ay way related to the negligence of gymnast's participation in the Activity and the	
(4)	responsible for) any loss o claim I might make or that	r damage, including but not limited to	o cost and reason	es from (that is, to reimburse and be able attorney's fees (including the cost of any that is released in this document), arising out	
(5)	news or promotional public understand that the Activit Gymnastics Academy and Gymnastics Academy, LLF Elite Gymnastics Academy and all other forms of med	ations such as newspapers, newsle and its participants may be photog those materials may be used for pro to use my child's photograph or like LLP the right to edit, use, and reus	etters, website, pro raphed or videota omotional purpose eness in any publi se said media mate omnastics Academ	hers media content about it's Activities for igram brochures, online and print ads. I ped by personnel authorized by Elite it. I hereby grant permission to Elite city or promotional publications. I also grant erials including use in print, on the Internet, by, LLP and its agents and employees from all	
				he Activity and/or the Team Handbook, dgment of the program officials in this	
PARTICI DOCUM	APATE, RELEASE, INDEM	NIFICATION, AND CUSTODIAL PA STANTIAL RIGHTS. I AM EXECUT	RENTS. I UNDER	RISKS, REPRESENTATION OF ABILITY TO RSTAND THAT BY SIGNING THIS MENT VOLUTARILY AND WITH FULL	
Gymnast:			Date:		
Signature of Parent /Guardian:			Date:		

_ Date: ___

Signature of Other Parent /Guardian: