



**ASSUMPTION OF RISK, WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION**

As legal guardian of \_\_\_\_\_, hereafter, child(ren) I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, and parties. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Leaps & Bounds Gymnastics Company programs and activities and I **ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing me and my child(ren) to use these facilities, I, on behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** Leaps & Bounds Gymnastics Company, its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Leaps & Bounds Gymnastics Company, including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In the event of an emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Leaps & Bounds Gymnastics Company 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 Leaps & Bounds Gymnastics Company.

By participating in activities here at Leaps & Bounds Gymnastics Company, you are granting your permission for you and your child(ren) to be filmed, videotaped, audio taped, and/or photographed by any means and are granting full use of your likeness, voice, and words without compensation.

I have read and understood this **ASSUMPTION OF RISK, WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION**. I **VOLUNTARILY** affix my name in agreement.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

(Please Print) Child's First & Last Name

Phone \_\_\_\_\_ Cell # \_\_\_\_\_

**\*In the event of an emergency, if we cannot reach you via home or cell phone, whom should we contact and at what number?**

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