

WAIVER & RELEASE OF LIABILITY

DISCLAIMER: SOAR GYMNASTICS CENTER, LLC, IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, SPECIAL EVENTS, DEMONSTRATIONS OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, TUMBLING, PRESCHOOL OR TEAMS AT SOAR GYMNASTICS CENTER FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE SOAR GYMNASTICS CENTER, ITS OWNERS, OFFICERS, AGENTS OR EMPLOYEES.

I hereby release and covenant not to sue Soar Gymnastics Center, LLC, the owners and their employees and coaches from any claims resulting from ordinary negligence of Soar Gymnastics Center, LLC or others listed for property damage, personal injury or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, tumbling or any other activities or any activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs or assigns.

I am aware that gymnastics is a vigorous sporting activity involving risk of personal injury and possible death. The risk of harm is limited by safety equipment and trained coaches but never eliminated.

I grant permission to the rights of my gymnast's image, likeness and sound of his/her voice as recorded on audio or videotape without payment or any other consideration. I understand that my gymnast's image may be edited, published or distributed and I waive the right to approve the finished product. I understand my permission signifies that photographic or video recordings of my gymnast may be electronically displayed via the Internet, within the gym on site-specific monitors or in an educational setting. This release applies to all photographic, audio and video recordings collected subsequent to signing.

I am aware this is a current release and indemnification of liability for my child(ren) and myself. Any prior agreements, oral or written, shall be void. A parent/guardian signed Waiver & Release of Liability Form is required for every participant and must be updated annually with the annual membership fee (\$50 per family), due August each year.

This agreement may not be modified. I certify that I have read this document, and I fully understand its contents.

Participant's Name: _____ Age: _____

Participant's DOB: _____ M F Class/Team Level/Division: _____

Referred by: (Website) (Facebook) (Family) (Friend) Other: _____

Parent/Guardian's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mom's Phone: _____ Dad's Phone: _____

Email: _____

Parent/Guardian's Signature: _____

Participant's Signature (if over 18 years old): _____

Soar Gymnastics Center Witness: _____ Date: _____