

Citrus Gymnastics Liability Release

Name of Participant: _____ DOB _____

Address: _____

Phone: _____ Parent/Guardian Name: _____

In consideration of Citrus Gymnastics allowing the gymnast to participate in sports activity class, including non-gymnastics activities such as dance, cheerleading, swimming, and playground activities (herein after referred to both the gymnast and his or her parents or legal guardians.

(1) Acknowledgment and Assumptions of Risks. I understand that the activity involves risks of serious bodily injury, including permanent disability paralysis and death, which may be caused by the gymnast's actions or inactions those of others participating in the activity the conditions in which the activity takes place, the negligence of the "Released Parties" named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost, and damages that may result from the activity. I hereby give my approval of and consent to the gymnast's participation in the activity. I assume all risks and hazards incidental to the activity and to transportation to and from the activity.

(2) Representation of Ability to Participate I understand the nature of the activity, and I represent that the gymnast is qualified, in good health, and in proper physical condition to participate in the activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the activity is not safe or is longer safe for the gymnast, then it will be my responsibility to immediately to discontinue the gymnast's participation in the activity.

(3) Release. I hereby release, acquit, covenant not to sue, and forever discharge Citrus Gymnastics, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches, and supervisors, and the owners or lessors of any facilities within which the activity is conducted, their respective agents and employees, and all other persons providing facilities or assisting in the conduct of the activity and in the transportation of participants to and from the activity (collectively the "released parties") of and from any and all actions, causes of action, claims, demands, liability, losses or damage of whatever name or nature including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise of or are connected in any way to the gymnast's participation in the activity and the transportation of the above named gymnast to and from the activity (collectively the "Released Claims")

(4) Indemnification. I will defend, indemnify, and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage including but not limited to costs and reasonable attorney's fees (including the cost of any claim I might make or that might be made on my behalf or the gymnast's behalf that is released in the document, arising out of or connected in any way with any of the Released Claims. I have read the Policies and Procedures for parents, spectators, and participation in the activity and/or Team Handbook, and agree to abide by all rules and conditions set forth therein and to accept the judgment of the program officials in this regard.

I HAVE READ AND UNDERSTOOD THE ACKNOWLEDGEMENT AND ASSUMPTIONS OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE, INDEMNIFICATION, AND CUSTODIAL PARENTS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Gymnast's Name: _____ Date: _____

Parent/Guardian Print: _____ Date: _____

Signature: _____ (Parent/Guardian must sign if Gymnast is under 18)

Participant Registration

Participant Name: _____ Gender: () male () female

Ages: _____ DOB: _____

Mother's Name: _____ Father's name: _____

Legal Guardian's Name: _____ Phone: () _____

Address: _____

Email Address: _____ Employment: _____

Primary Insurance Company: _____

Are there any medical conditions we need to be aware of () yes () no

If yes explain:

Has the participant had a physical exam in the last 3 years? () yes () no

Citrus Gymnastics suggests all participants complete a yearly physical exam

May we use your gymnast's photo in advertisements or on our website: () yes () no

Eligibility to participate in class Citrus Gymnastics requires a completed gymnast registration form with release of liability and a consent to treat form.

Gymnast: _____ Date: _____

If gymnast is not yet 18 years old at least one legal guardian must also sign. We certify the information provided above is correct.

Print Parent/Guardian Name: _____ Date: _____

Signature: _____