

**Notification of Risk and Release Waiver of Liability Form**  
**Please Read Carefully**

I/we, \_\_\_\_\_ (parent name), do hereby release Volusia Academy of Gymnastics and Dance, Dance Conservatory of Volusia, Apex Gymnastics and DCV Apex, Inc., its owners, employees, and/or volunteers ("releases") from liability in regards to any injury to \_\_\_\_\_ (the participant) resulting from any Volusia Academy of Gymnastics and Dance, Ivy Hawn Charter School, Inc., activity, practice, inflatables, meet or event.

I/we fully understand that the sport of gymnastics involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the participant's own actions or inactions, those of others participating in the event, the conditions in which the event takes place or the negligence of "the releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risk and all responsibility for losses, cost and damages either I or the participant may occur as a result of such participation in the sport of gymnastics.

I/we hereby release, discharge, and covenant not to sue Volusia Academy of Gymnastics and Dance, Ivy Hawn Charter School, Inc., its respective employees, and/or volunteers for any liability, claims, demands, losses, or damages caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations.

I/we have read this Release and Waiver of Liability and understand that I have given up substantial rights on behalf of myself and the participant by signing it and have signed freely and without any inducement of assurance of any nature and intend to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

**Permission For Medical Treatment**

All precautions will be taken to prevent accidents and injury. Simple first aid will be used for minor injuries. For all other cases, parents will be notified if they are not present. If the injury is of need for a doctor, parents will be called for necessary treatment. However, if you are unattainable, this permission slip will allow us to seek medical attention. I confirm that the above named person is in good health condition and hereby authorize and consent to diagnosis, treatment and hospital care which are deemed necessary for my child.

Please check any physical concerns with your child that we should know about.

\_\_\_\_\_ ADHD    \_\_\_\_\_ ADD    \_\_\_\_\_ Allergies    \_\_\_\_\_ Medical    \_\_\_\_\_ Family Concerns

Explain other concerns or medical conditions not listed above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parental Consent**

And I/we, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity.  
YOUR SIGNATURE BELOW INDICATES YOUR UNDERSTANDING AND ACCEPTANCE OF THESE POLICIES AND PROCEDURES.

\_\_\_\_\_ Date:

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Parent Signature