



ADULT PARTICIPANT

RELEASE AND WAIVER FORM Rev. 7/2020

ADULT'S NAME _____

Adult Use Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of participating in the sport of gymnastics, tumbling, acrobatics, cheerleading and/or use of the facility for any purpose, I represent that I understand the nature of these activities and that I am qualified, in good health, and in proper physical condition to participate in such activities.

I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue the participation in these activities. I fully understand that these activities involve risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or own inaction's, those of others participating in the activities, the conditions in which the activities take place, or negligence of the "releases" name 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 risks and all responsibility for losses, cost, and damages incurred as a result of my participation in the activities.

I understand that I am solely responsible for any medical, health, or personal injury costs relating to my participation and/or use of the facility. I understand that I am strongly encouraged to have a medical physical examination and must have proof of personal health insurance prior to any and all participation at MAGIC ALL-STARS.

I understand that MAGIC ALL-STARS will provide no insurance coverage for adult participation or resulting injuries. In the case that I am injured in the course of activities in the facility and am unable to give my consent, any staff member may take the initiative to make a decision to take me to the hospital or suitable medical facility or to call for emergency medical assistance as might be needed.

I hereby release, discharge, and covenant not to sue MAGIC ALL-STARS, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors and if applicable, owners and lessors of premises on which the activities take place, (each considered one of the "Releases" herein) from all 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 and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against myself, I will indemnify, save and hold harmless each of the Releases' from the litigation expenses, attorney fees, loss, liability, damage or cost which may incur as the result of such a claim. I have read the release and waiver of liability, assumption of risk, and indemnity agreement, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by 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.

WARNING: An inherent risk of exposure to COVID -19 exists in any public space where people are present. COVID-19 is a contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and those with underlying medical conditions are especially vulnerable. By entering this location and participating in meetings, classes, programs and special events, you voluntarily assume all risks related to exposure to COVID-19.

Signature: _____ Date: _____

Health Insurance Company _____ Policy # _____

Name of Above Signed _____ Relationship: SELF

Cell #: _____ Email: _____