## **Journey Gymnastics Liability Waiver Form**

## Acknowledgement of Risk & Waiver of Liability

As legal guardian of the child listed below, I hereby consent to the aforementioned person participating in classes and activities, i.e., gymnastics, tumbling, trampoline, ninja classes, day camp, swimming lessons, special events and birthday parties including, but not limited to, muscle or soft tissue strains, sprains, tears, broken bones and severe injuries such as paralysis, permanent disabilities and even death from various causes, known and unknown, which include, but are not limited to heights of the equipment, the body shape, rotation and or twisting during certain movements or in a unique environment. I am fully aware of the inherent risks involved in these activities including inflatables, camps and any/all other programs offered by Journey Gymnastics, LLC / Ninja Zone, LLC. I am fully aware of the possibility of injury to the child named while participating in aforementioned activities. In consideration for allowing my child to participate in activities offered at Journey Gymnastics, LLC. I, my heirs and assigned next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, cause of actions, or suits of any kind or nature whatsoever which I or my child have and to indemnity, defend and hold harmless Terek Brown, Journey Gymnastics, LLC,/ Ninja Zone, LLC its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child(ren) while under the instruction, supervision, or control of Journey Gymnastics, LLC. Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. I am 18 years of age or older, and the legal guardian of the child listed below, and this Acknowledgement of Risk and Waiver of Liability has been read by me, understood completely, and signed voluntarily.

## Medical Release

I fully understand that the owner and staff at Journey Gymnastics, LLC., located at 2524 Shell Road, Georgetown, Texas, are not physicians or medical practitioners of any kind. With that in mind, I hereby release Terek Brown and Journey Gymnastics employee(s) to render first aid to my child(ren) in the event of any injury or illness, and if deemed necessary, to call an ambulance, which I agree to pay for. As parent/legal guardian, I agree to provide health insurance for the minor child(ren) and or guarantee payment of any medical expenses incurred as a result of training, performing, or participating in any activities at or with Journey Gymnastics, LLC.

## Photo/Video Release

I grant to Journey Gymnastics and its representatives and employees the right to take photographs and videos of me and my child in connection with the activities at the gym; and I authorize Journey Gymnastics to copyright, use, and publish the same in print and/or electronically. I agree that Journey Gymnastics may use such photographs with or without names for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and Web content.

Printed Name of Participant	Date of Birth		
Address	City	State	Zip
Printed Name of Parent or Legal Guardian	Phone		
Signature of Parent or Legal Guardian	Date		URMEA
Email Address		*	