

CAUTION-ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

-READ BEFORE SIGNING!

Name of child(ren) participant(s): _____

Name of parent or guardian: _____

I (we) recognize that despite all reasonable precautions implemented for safety, potentially severe injuries including permanent paralysis or death can occur in any activity involving height or motion, including but not limited to gymnastics, tumbling, trampoline and cheerleading. I (we) knowingly and willingly assume all such risks and therefore I consent to the aforementioned person and/or myself participating in Eagle Gymnastics programs. Consequently I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Eagle Gymnastics from personal injury or accident of any sort or nature suffered by myself or my child by reason of participation or membership in classes, lessons or any programs or activities of Eagle Gymnastics.

In addition, I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child(ren) should sickness or accident occur in my absence.

Parent/Guardian (or self if over 18 years) X _____

Date: _____

Permission to photograph

I give permission for Eagle Gymnastics to take photographs of my child and have them printed in the newspaper, on Eagle Gymnastics website and/or in any flyers or brochures promoting Eagle Gymnastics programs.

Parent/guardian (or self if over 18 years) X _____

Date: _____

Phone #: _____