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**Release From Liability** *(All Adults 18 years of age and older, signing as the Representative of an attending and participating minor, hereby state, that by doing so, they in good faith understand that they are presenting themselves and acting as such, under the premise that they have been authorized to do so by said minor's parent and/or legal guardian.)*

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I fully understand that LBA staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the staff of LBA to render temporary first aid to myself or my child (ren) in the event of injury or illness, and if deemed necessary by the staff of LBA to call our doctor and to seek medical help, including transportation by a staff member of LBA to any health care facility or hospital, or the calling of an ambulance for said individual should the staff deem this to be necessary. We, the staff of LBA, recognize our obligation to make our participants and if a minor, their parents, aware of the risks and hazards associated with sports, gymnastic activities, tumbling, trampoline and other athletic apparatuses. Participants may suffer injuries, possibly minor, serious, or catastrophic in nature. Remember, engaging in any physical activities can be dangerous and can lead to injury. Parents of minor participants should make their child (ren) aware of the possibilities of injury and encourage their child (ren) to follow all the safety rules and the coaches' instructions. LBA, its coaches and other staff members, will not accept responsibility for injury sustained by any participant or guest observer during the course of any special event, open gym, birthday party, practice, exhibition, lock in ,competition or clinic in which he or she may participate, or while traveling to or from the event. From time to time a staff member will take pictures of participants and guests to use in web site, flyers, brochures, etc. With this in mind, I consent to have my or my child (ren)'s picture(s) to be used in any of the above media. With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to participate and/or consent to have my child (ren) participate in the programs offered by LBA. I, my executors or other representatives, waive and release all rights and claims of damages that I or my child (ren) may have against LBA and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both myself and/or my child (ren)'s protection and that I and/or my child (ren) is in good physical health to participate in LBA programs.

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_  
*(Parent, if under 18)*