EASLEY GYMNASTICS

Date	Child's Name	Parent/Guardian	Age	Contact #

WAIVER AND RELEASE OF LIABILITY

As the parent or legal guardian of the above listed student(s), I hereby consent to the above named person(s) participating in the programs offered by Easley Gymnastics (Easlick Enterprises, LLC) (hereafter Easley Gymnastics). I recognize that potentially severe injuries including sprains, broken bones, paralysis, or death can occur in any activity involving height or motion, including gymnastics. **I UNDERSTAND AND ACCEPT THIS RISK**. I have additionally communicated this risk to my child participant. I also realize that my child will be performing and training on all gymnastics events and devices including the trampoline.

Therefore, in consideration for allowing my child to use the Easley Gymnastics equipment and facilities, I hereby release Easley Gymnastics Inc., its owners, officers, employees, teachers and coaches from all liability for any and all damage and injuries suffered by my child while under the instruction, supervision or control of Easley Gymnastics, its owners, officers, employees, teachers or coaches.

As the parent or legal guardian of the aforementioned person(s), I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child as a result of any injury sustained, for or under the direction of Easley Gymnastics.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is voluntarily signed as to its content and intent.