

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION, AND PHOTO RELEASE**

As the legal guardian of \_\_\_\_\_, I recognize that severe injuries, including but not limited to, concussion, permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, dancing, exercise programs, trampoline, Parkour, Warriors type classes and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person to participate in any and all Hoosier Warriors Gym, LLC programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for allowing my child to use these facilities and participate in these programs, I, on my own behalf, and of my child and our respective heirs, administrators, executors and successors, hereby forever PROMISE NOT TO SUE and FOREVER RELEASE Hoosier Warriors Gym, LLC, its officers, directors, shareholders, employees, contractors, volunteers, and all others associated with the corporation from all liability for any all damages and injuries suffered by my child while under the instruction, supervision, or control of Hoosier Warriors Gym, LLC. I am aware that individual and group publicity photos and videos are taken from time and time and in consideration for my or my child's participation I hereby grant my permission for my child's likeness to be used in Hoosier Warriors Gym, LLC publicity or advertising. In the event of an accident or emergency I hereby authorize my above-mentioned child to be transported to a hospital for medical treatment and I hold Hoosier Warriors Gym, LLC and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child as a result of any injury sustained while participating at or for Hoosier Warriors Gym, LLC. Our facility and staff are taking precautions in response to the COVID-19 concerns. In the event any members or representatives of Hoosier Warriors Gym, LLC become infected, we will cooperate with necessary organizations to provide records, contacts and accountability of all those that would be deemed essential for contact tracing. I have read and understand this ACKNOWLEDGEMENT OF RISK and WAIVER OF LIABILITY and PHOTO RELEASE and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

<b><u>PARTICIPANT NAME</u></b>	<b><u>PARENT NAME</u></b>	<b><u>PARENT SIGNATURE</u></b>	<b><u>PHONE NUMBER</u></b>
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Balance Paid: \_\_\_\_\_ Method paid: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

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Signature \_\_\_\_\_