

# Liability Waiver and Release Form

Participant Name:

Parent/Guardian:

## **Assumption of Risk**

I, the undersigned, understand and acknowledge that participation in gymnastics, tumbling, fitness activities, and all related training involves inherent risks, including but not limited to serious injury, paralysis, or death. I hereby voluntarily assume full responsibility for any risk of injury or loss that may result from participation in any and all activities provided by Logos Edge.

## **Release of Liability**

In consideration for allowing the participant to engage in gymnastics activities at Logos Edge, I hereby release, waive, discharge, and hold harmless the owners, operators, instructors, employees, volunteers, and agents of Logos Edge from any and all claims, liabilities, damages, or expenses arising out of or related to any injury, illness, or loss that may occur while participating in, observing, or traveling to and from class activities.

## **Medical Authorization**

I authorize Logos Edge staff to administer first aid and/or secure emergency medical care if needed. I understand that every effort will be made to contact me prior to treatment. I assume full financial responsibility for any and all related medical services.

## **Photo & Video Release**

- ☐ I grant permission for Logos Edge to use photos or videos of the participant for promotional purposes including social media, brochures, and website content.
- ☐ I do not grant permission for use of photos or videos of the participant.

## **Acknowledgment of Policies**

I have read and understand the facility's class rules, dress code, and behavior expectations. I agree to abide by all policies and procedures as set by Logos Edge.

Emergency Contact Name:

Emergency Phone Number:

By signing below, I have ready and fully understand/agree to the terms outlined .

Client's Signature: