



**BULL RUN ACADEMY OF GYMNASTICS  
6775 KENNEDY ROAD, SUITE #1  
VINT HILL, VA 20187**

SUBJECT: Bull Run Academy of Gymnastics Release of Liability and Medical Emergency Release

Release of Liability

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, as the parent or legal guardian of a minor or minors (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in Athletic and Related Activities (hereinafter "Activities"), to be conducted by My Turn LLC d/b/a Bull Run Academy of Gymnastics. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless My Turn LLC on whose premises the activities will occur (hereinafter the "Location") the affiliates of My Turn LLC and the Location, and the respective directors, officers, representatives, members, agents and employees of My Turn LLC, the location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Activities, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) Minor may incur or sustain during the Activities and while traveling to and from the location whether or not the Activities actually occur.

I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing Activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Activities occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Infectious Diseases

I, in my own behalf and on behalf of Minor, acknowledge, understand, appreciate, and agree that participation in Activities may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely

assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my participation and exposure.

Medical Emergencies

I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Activities. In the event of such illness or injury, I authorize My Turn LLC d/b/a Bull Run Academy of Gymnastics to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Activities and while traveling to and from the site for the Gym whether or not the Gym activity actually occurs.

Minor's Name: \_\_\_\_\_ Minor's Date of Birth: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Guardian's Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_