**Release & Waiver of Liability and Assumption of Risk**

I fully understand that participation in gymnastics poses known and unanticipated risks and possible injury, including bodily injury, paralysis, and death. I and/or my child expressly agree to accept and assume all risks inherent in these activities. I release and discharge Rapid City Gymnastics Academy, their owners, Lessors, employees, volunteers and families on behalf of myself, my children, family, heirs, assigns, personal representatives of my estate of any responsibility of injuries or medical expenses incurred as a result of participation in said activities. I give permission for Rapid City Gymnastics Academy staff to take whatever emergency measures deemed necessary for the care/safety of my child while participation in activities, including but not limited to emergency transportation at my expense.

Furthermore, I understand the nature of the activity (gymnastics and all activity involved) and I represent that my child (gymnast) is qualified, in good health and in proper physical condition to participate in said activity. Should I ever believe that any of the above representation is no longer true or accurate of my child (gymnast), then it is my responsibility to inform Rapid City Gymnastics staff and discontinue said activity.

\_\_\_\_\_ I give my permission to Rapid City Gymnastics to use any photography taken at the facility for advertisement of their business including but not limited to website and facebook production.

\_\_\_\_\_\_ I Do Not give my permission to Rapid City Gymnastics to use any photography taken at the facility for advertisement of their business including but not limited to website and facebook production.

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Name of Participant Name of Parent/Guardian

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Signature of Parent/Guardian Date