

RELEASE FORM



I, _____, agree to fully participate in all activities within the Downriver Gymnastics facility and associated with Innovative Training Solutions (ITS)

In connection with and consideration of my participation in the above named program, I, on behalf of myself, my heirs, personal representative(s), hereby represent and agree as follows:

- **Readiness to Participate:** the name above is physically and mentally able to participate in all activities associated with all physical activities conducted at the Downriver Gymnastic facility through Innovative Training Solutions.
- **Acceptance of Risk:** I recognize the potential for injuries, which can occur in any sport or exercise. I hereby consent to the above person participating in activities on equipment used by ITS and hereby agree to release ITS, its officers, employees, teachers and coaches from all liabilities from any and all damages and injuries suffered by myself while under instruction, supervision, or on the property of Downriver Gymnastics, during ITS classes or any training sessions associated with ITS.
- **Fully Informed:** I agree that I must abide by all rules applicable to participation in the Program. Should I require emergency medical treatment or first aid as a result of illness or injury associated with the Program's related activities, I consent to such treatment and/or first aid. The officers and staff of ITS have been informed of any special physical or mental conditions that could influence the type, duration, or intensity of training you will receive. Please list allergies, medical conditions or medications that could affect participation in any activities:
 - _____
- **Waiver and Release:** To the fullest extent permitted by law, I hereby release and covenant not to sue and to indemnify and hold harmless, ITS or its agents, partners, members,
 - managers, officers, representatives, and its employees from and against all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person in any way arising out of or relating to my participation at ITS events or related activities, whether due to negligence, mistake or other action or inaction of ITS.

Signature

Date

Printed Name

Emergency Phone Number