



Acrocheer

Party Waiver

Gymnastics

7890 Beechmont Ave. Cinti, Ohio 45255 513-807-3459 acrocheergymnastics.com acrocheergym@gmail.com

Assumption of Risk- Waiver of Liability-Medical Authorization-Photo Release

At Acrocheer Gymnastics we provide your child with a Fun and Safe as possible atmosphere for your child. However, accidents can happen therefore we must have your prior consent for your child to be able to participate at Acrocheer Gymnastics.



You must fill out this form Completely and signing is required to participate in our Birthday parties

YOU MUST HAVE THIS FORM AT SIGN -IN TO THE BIRTHDAY PARTY

Your Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Your Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent or LegalGuardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mom Cell Phone \_\_\_\_\_ Dad Cell Phone \_\_\_\_\_

Have you ever been enrolled at Acrocheer Gymnastics? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Would you like to receive information about Acrocheer Classes, Fun Nights etc .....? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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- (1) I understand that the activity involves risk of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by the gymnast's actions or inactions, those of others participating in the Activity, the conditions in which the activity takes place, the negligence of the "Released Parties" named below, or other causes. I further understand that they may be other risks either not known to me or not readily foreseeable at this time. I fully accept & assume all such risks and all the responsibility for losses, cost, and damages that may result from the Activity. I hereby give my approval of and consent to the gymnast's participation in the Activity. I assume all risk & hazards incidental to the Activity and to transportation to and from the Activity.
(2) I hereby release, acquit, covenant not to sue, and forever discharge Acrocheer Gymnastics L.L.C. its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners and lessors of any facilities within which the activity is conducted, their respective agents and employees, and all the persons providing facilities or assisting in the conduct of the Activity.(collectively the ("Released Parties")) of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the gymnast's participation in the Activity and the transportation of the above named gymnast to and from the Activity(collectively the ("Released Claims")).
(3) I Authorize Acrocheer Gymnastics to provide to the participant, through medical personal of it's choice, customary medical assistance, transportation, and emergency medical services should the gymnast require such assistance, transportation, or services as a result of an injury, or damage related to the participation in the Activity. If the gymnast is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be with held if a parent or guardian cannot be reached.
(4) I am aware that individual or group publicity photos or videos may be taken from time to time and in consideration for my or my child(ren)'s participation. I hereby grant my permission for my child's likeness to be used in publicity or advertising. I understand that no compensation will be given by the gym or by the user of such picture.
(5) I have read the RELEASE AND WAIVER OF LIABILITY. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELYAND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTENDIT TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITYTO THE GREATEST EXTENT ALLOWED BY LAW.

PARENT OR Legal GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT CLEARLY AND FILL IN ALL BLANKS