

WAIVER FORM

I certify that the participant(s) is free of any mental or physical disabilities and is able to participate in the program without any restrictions. It is the policy of T.D.G.M.G., Inc. that the applicant provides and uses his/her own medical insurance for the benefit of the participant. Gymnastics, cheerleading, self-defense/martial arts and physical activities involve flight, motion and rotation and, as such, carry with it a reasonable assumption of risk. It is understood that T. D. G. M. G., Inc. is neither responsible nor liable for injuries, loss of personal property or damaged property that may occur as a result of participation in the program. The applicant agrees to indemnify and hold T.D.G.M.G., Inc. harmless from and against any claims, losses, liabilities and damages (including attorney's fees and costs) arising out of or resulting from the participant's participation in the program, except to the extent caused by the sole negligence of T. D. G. M. G., Inc. I have read the application and brochure and understand all the policies set forth therein. Make checks payable to T.D.G.M.G. Inc.

Signature _____

Name (Printed) _____

Date _____

2015-2016 SEASON- DAGGETT GYMNASTICS

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the activities at Tim Daggett Gold Medal Gymnastics, Inc., I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Tim Daggett Gold Medal Gymnastics Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I (we) also will follow the rules and regulation set by Tim Daggett Gold Medal Gymnastics Inc., and above named parties. Parent or guardian must sign for anyone age 18 and under. I do hereby grant and give these groups the right to use my or my child(s) photograph or image with or without my or my child's name, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant _____ Age _____ Date _____

Signature of participant OR parent/guardian if participant is under 18 years of age _____

Emergency Phone Number _____