

# MIDDLESEX GYMNASTICS ACADEMY

## Release and Waiver of Liability, Assumption of Risk Indemnity Agreement, Release and Reservation of Rights

In consideration of participation in Middlesex Gymnastics Academy of me and/or my child named below, I represent that I understand the nature of this activity and that I, and/or my minor child is qualified, in good health, and in proper physical condition to participate in such programs and activities. I acknowledge that if I believe event conditions are unsafe or unsuitable to the conditioning or training of me or my child, I will immediately discontinue participation. I acknowledge that I am satisfied with the conditions of all facilities and equipment.

I fully acknowledge that this activity involves risk of serious bodily injury, including permanent disability, paralysis and death. Such risks may be caused by the action or inaction of any person including myself, and/or Middlesex Gymnastics Academy, its agents, servants and/or employees and/or the conditions of the location in which the event takes place. I acknowledge that there may be other risks not known to me or Middlesex Gymnastics Academy and/or are not readily foreseeable. I fully accept and assume all such risks and all responsibility for all losses, costs, damages, and/or personal injury which I and/or my child may incur as a result of participation in the activity.

I hereby release, discharge and covenant not to sue Middlesex Gymnastics Academy, its officers, agents, servants and employees, other participants, sponsors, advertisers and the owner lessee and/or lessor of any premises in which the activity takes place (Hereinafter "Releasees"), from all liability, claim, demand, loss, damage, personal injury, which I and/or my child may incur, caused in whole or in part by any action or inaction of the Releasees, or any of them. I further agree that if I or anyone on my behalf makes a claim against any of the Releasees, that I will indemnify and hold harmless such Releasee from any and all loss, damage, liability, judgment including attorney's fees which any may incur as a result of such claim.

I have read the Release and Waiver of Liability, assumption of Risk and Indemnity Agreement. I acknowledge that I have signed it freely and voluntarily, without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I further agree that, if any portion of this agreement is deemed invalid, then the balance shall remain in full force and effect.

Middlesex Gymnastics Academy reserves the right to use, in any manner, the likeness of any person entering this facility, including that of any minor. This means that Middlesex Gymnastics Academy may use any photograph or video for all purposes including but not limited to advertising, publicity campaigns, brochures, newsletters, coupons and on any internet site such as but not limited to its website, Facebook, YouTube, Instagram or similar websites or platforms.

### PARENTAL CONSENT

I, the minor's parent and/or legal guardian, understand the nature of the above-referenced activities and the minor's experience and capabilities and believe that the minor is qualified to participate in such activity. As the parent and/or guardian of the child I hereby release, discharge, covenant not to sue and agree to indemnify and hold harmless each of the Releasees from all liability, claims, damage, demands, losses, personal injury to the minor alleged to have been caused in whole or in part by the action or inaction of the Releasees, or any of them. I further agree that I will indemnify the Releasees, or any of them, from all liability, damage, costs fee, judgement and/or attorney's fees in the event that I, the minor, or anyone on behalf of the minor makes a claim against any of the Releasees.

### SIGNATURE OF PARENT/GUARDIAN OR SELF:

**X** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME OF PARENT/GUARDIAN OR SELF** \_\_\_\_\_

Name of Student \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ EMAIL \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Dad's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Additional Information (allergies, medical info, etc) \_\_\_\_\_

CLASS DAY BIRTHDAY TIME PARTY START DATE X PROGRAM X