



# Adrenaline Gymnastics Academy Parents Night Out Waiver

In consideration of the permission granted my child to participate in an Adrenaline Gymnastics Academy program, (hereinafter referred to as the "Activity"), I, the parent or legal guardian of the above named child, make the following representations:

- (1) I understand the nature of the Activity that my child will participate in, and I represent that, to the best of my knowledge, my child is qualified, in good health, and in proper physical condition to participate in the Activity. I further represent and acknowledge that, should I ever believe that any of the above representations become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for my child, that it will be my responsibility to immediately discontinue my child's participation in the Activity.
- (2) I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my child's actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of the "releases" named below. I further understand 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, cost, and damages that I may incur as a result of my child's participation in the Activity.
- (3) I understand that parents should make their children aware of the possibility of injury, and have encouraged my child to follow their coaches' instructions regarding their gymnastics training at all times. In addition, I understand that it is imperative that my child's instructor have their full, undivided attention during class to lessen the chance on injury. As such, I understand that while I am encouraged to be a spectator for the Activity, at no time am I to interact with my child, or their instructor, while they engaged in the Activity, and at no time am I allowed to enter the actual gated training area. In the event I must have my child's, or their instructor's attention for any reason during the Activity, I will bring it to the attention of the front office for action or resolution.
- (4) In the event my child is injured or becomes ill when I am not present and reasonable efforts to contact me at the phone numbers I have listed above have been unsuccessful, I hereby give my consent for (1) general first aid to be provided by AGA Staff, (2) the transfer of my child to any hospital or medical facility that is reasonably accessible if deemed necessary by AGA staff, and (3) the administration to my child of any treatment deemed necessary by any licensed physician or dentist. This authorization does not cover major surgery unless the opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning my child's medical history (allergies, medications being taken, physical impairments, etc.) are listed above.
- (5) I hereby give my approval of and consent to my child's participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity. I hereby release, acquit, covenant not to sue, and forever discharge, and agree to indemnify and save harmless Adrenaline Gymnastics Academy, Inc., its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity, of and from any and all actions, causes of action, claims, or demands, of whatever name or nature arising out of injuries to or death of the above named child as a result of the Activity and the transportation of the above named child thereto and therefrom.

**I have read this release and understand all of its terms. I understand that by signing this release, I am giving up substantial rights. I execute it voluntarily and with full knowledge of its significance.**

Participating Childs Name (Printed)	Please list any physical and/or social conditions that may affect your child's participation in any PNO activity, or that might be needed in the event of emergency medical attention being required (significant past injuries, allergies, fears, etc.)

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_