



NEW HOPE

Academy of Gymnastics



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 Email: info@newhopegymnastics.com
 Website: www.newhopegymnastics.com

Participant Name: _____ Organization/Event: _____

I understand that my child will be participating at an event at New Hope Gymnastics through the above named organization. I recognize that the activities involved bear a certain level of risk and know that should my child refuse to adhere to safety precautions, she/he will not be allowed to participate:

MEDICAL RELEASE

Should my child become ill or injured while participating in an authorized gymnastics activity and I and/or my child's physician are not available, I hereby grant any administrative director, staff person, agent or employee of New Hope Academy of Gymnastics the authority to obtain the emergency medical attention they may deem necessary. I further authorize the above designated to execute that consent required in connection with such advice or treatment. I hereby release said persons from and agree to indemnify them against any liability arising out of the exercise of the authority here granted. The enrolled athlete(s) has had a medical examination in the last twelve (12) months and is capable of participating in the sport of gymnastics. It is understood students are expected to carry their own accident and medical insurances.

Parent or Legal Guardian Signature _____ Date _____

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: New Hope Academy of Gymnastics is not responsible for any injury (or loss of property) to any person while participating, training, taking classes, competing, participating in open gym, special events, demonstrations, or shows, or in any other way involved in gymnastics, cheerleading, preschool, or teams at New Hope Academy of Gymnastics for any reason whatsoever, including ordinary negligence on the part of New Hope Academy of Gymnastics, its owners, officers, agents, or employees.

In consideration of my participation, **I hereby release and convent not-to-sue** New Hope Academy of Gymnastics, New Hope Academy of Gymnastics Board of directors and officers, and any of their employees, teachers, coaches, or agents, **from any and all present and future claims resulting from ordinary negligence on the part of New Hope Academy of Gymnastics, or others listed** for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities thereto, wherever, whenever, or however the same may occur. **I hereby voluntarily waive any and all claims resulting from ordinary negligence**, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, cheerleading, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment trained coaches, but **never** eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless New Hope Academy of Gymnastics and all others listed for any and all claims arising as a result of my engaging in or receiving instructions in New Hope Academy of Gymnastics activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of California and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue or any legal proceeding shall be within the state of California.

I affirm that I am of legal age and am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/ or remedies, which may be available to me for negligence of New Hope Academy of Gymnastics, or any person listed above.

Parent or Legal Guardian Signature _____ Date _____

Guardian Name: _____ Relationship: _____

Street: _____ City: _____ Zip: _____

Contact Phone: _____ Email: _____