



WAIVER & RELEASE OF LIABILITY

DISCLAIMER: G-Force Gymnastics IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, SPECIAL EVENTS, EXPOS DEMONSTRATIONS OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, CHEERLEADING, PRESCHOOL OR TEAMS with G-Force Gymnastics FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF G-Force Gymnastics, ITS OWNERS, OFFICERS, AGENT OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not to sue G-Force Gymnastics, New Vision Gymnastics Academy LLC, the G-Force Gymnastics Board of Directors and officers, the G-Force Gymnastics Booster Club and any of their employees, teachers, coaches or agents from any all present and future claims resulting from ordinary negligence of G-Force 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 incidental 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 and 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 knowledge of the risks involved and hereby agree to accept my and all inherent risks of property damage, personal injury or death.

I further agree to indemnify and hold harmless G-Force Gymnastics and all other listed for any and all claims arising as a result of my engaging in or receiving instruction in G-Force Gymnastics activities or any 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 Virginia 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 for any legal proceedings shall be within the State of Virginia.

MEDICAL ATTENTION: I give G-Force staff permission to apply first aid treatment for any injury sustained during participation until the parent/guardian can be contacted. In case the parent/guardian cannot be reached, I give consent for G-Force staff to use their own judgment in securing medical aid, ambulance service, and if necessary hospital admittance, when needed, as a result of injury during participation.

MEDIA RELEASE: I give G-Force Gymnastics permission to use any photos or videos taken during events, expos, camps or gym by G-Force Gymnastics for advertising and media release.

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 the ordinary negligence of G-Force Gymnastics or any person listed above.

A waiver must be completely filled out and signed for each family and participant.

Participant(s) Name (first and last):

- 1. _____ M / F DOB: _____
- 2. _____ M / F DOB: _____
- 3. _____ M / F DOB: _____
- 4. _____ M / F DOB: _____
- 5. _____ M / F DOB: _____

Parent / Guardian: _____

Street Address: _____

Emergency Contact Name: _____

City/State/Zip: _____

Emergency Contact Phone: _____

Primary Phone: _____

Email: _____

Parent/Guardian Signature: (Participant Signature if over 18) _____

Date: _____