

Athlete Agreement and Waiver SSI

In consideration of being allowed to participate in any way in the NHSGA SENIOR SHOWCASE INVITATIONAL, athletic/program related events and activities, I (name of participant) [_____], the undersigned, acknowledge, appreciate and agree that:

- 1 **Readiness to Compete:** I plan on participating in the NHSGA Senior Showcase Invitational competition for which I believe I am physically and psychologically prepared to compete. Prior to participation in this NHSGA event, I will have practiced my exercises and will perform only those exercises, which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
 - 2 **Medical Attention:** I hereby give consent to NHSGA and the Host Organization, to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in the NHSGA Senior Showcase Invitational.
 - 3 **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastics event. I further agree that the NHSGA and the Host Organization, along with the employees, agents, officers and directors of these organization, shall not be liable for any losses or damages occurring as a result of my participation in this event, except where such loss or damages is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.
1. The risk of injury from the activity involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk of serious injury does exist; and,
 2. I KNOWINGLY AND FREELY ASSURE ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation; and,
 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such the attention of the nearest official immediately; and,
 4. I, for myself and on behalf of my heirs, assign personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE NHSGA, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advisers and if applicable, owners and lessors of premises used to conduct the event (“Release”) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.

I HAVE FULLY READ THIS AGREEMENT, RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN YOU SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name: _____ Age: _____ Date Signed: _____

(Participant Signature)(Filling in your name acts as your legal signature)

*******FOR PARTICIPANTS OF MINORITY AGE*******

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releases, and for myself, the heirs, assign and next of kin, release and agree to indemnify the Releases from any and all liabilities incident to any minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM NEGLIGENCE, OF THE RELEASES, to the fullest extent permitted by law.

Name: _____ Date Signed: _____ Emergency Phone #: _____

Insurance Company Name and ID#: _____