

**AAGA Clinic/Consent Form**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Waiver of Liability**

I understand that as a condition to \_\_\_\_\_ Child participating in the AAGA Camp activities at All American Gymnastics Academy (AAGA)

it is necessary that my child and I take full responsibility for any permanent or temporary injuries, paralysis, death or other casualty or damage which may be suffered in this course of the Activities Damage including but not limited to Damage caused by the negligence of AAGA, its agents, employees or representatives. In this regard, I hereby acknowledge and agree that the Activities involve inherent risk of Damage, and hereby assume and accept, on behalf of the Child and anyone whom might claim by, under or through the Child, all risk of Damage to the Child arising out of the Activities. By my execution of this WAIVER & RELEASE, AAGA and its employees, agents, officers, directors, affiliated companies and event sponsors are hereby RELEASED AND FOREVER DISCHARGED from any and all losses, liabilities, costs and expenses incurred in connection with any type of Damage arising out of one or more of the Activities.

By execution of this WAIVER & RELEASE, I am representing and warranting that (i) I am the parent and/or legally authorized guardian of the Child; (ii) the Child is covered with health and accident insurance in sufficient amounts and in such form as to cover the Child in the event of any Damage arising out of the Activities; and (iii) the Child does not have any condition, disease or injury that would increase the likelihood or magnitude of possible Damage in the course of engaging in the Activities; and (iv) I have no reason to believe that the Child should refrain from engaging in the Activities. I further agree that should the Child suffer any injury or condition for any reason which may increase the likelihood or magnitude of possible Damage, I will cause the Child to refrain from further participation in the Activities until such times as such injury or condition subsides. I accept and acknowledge my responsibility to warn the Child about the inherent danger of the Activities and the importance of observing common safety precaution. I understand and agree that safety precautions do not eliminate the risk involved with the Activities.

AAGA, its agents, representatives and employees are hereby authorized, but not required, to: (a) render first aid emergency treatment to my Child; and (b) seek medical help, including but not limited to transporting the Child to a health care facility or hospital of AAGAs' choice, or: (c) call an ambulance.

In the event of an emergency, I hereby authorize AAGA, its agents, representatives and employees to admit my Child to a health care facility or hospital for treatment for my Child.

I understand and agree that this WAIVER & RELEASE is intended to be as broad and inclusive as permitted by the laws of the State of South Dakota and agree that if any portion is held invalid, the remainder of this WAIVER & RELEASE will continue in full force and effect. I further agree that the venue for any legal procedure shall be in the State of South Dakota, in the County of Minnehaha and that this WAIVER & RELEASE shall be interpreted under South Dakota law.

State whether or not your child is taking or is required to take any medication. List condition, type of medication and medical instructions to be followed:

\_\_\_\_\_

State whether or not your child is allergic to any medication, food or other allergies:

Health Insurance Company  
Policy/Group Number

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

