



ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

As legal guardian of _____, hereafter, child (ren) I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, parties, inflatables, and open gyms. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Oxford Hills Gymnastics programs and activities and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing me and my child(ren) to use these facilities, I, on behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Oxford Hills Gymnastics, its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Oxford Hills Gymnastics, including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents. In the event of an emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Oxford Hills Gymnastics and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at Oxford Hills Gymnastics. By participating in activities here at Oxford Hills Gymnastics, I am granting permission for my child(ren) and me to be filmed, videotaped, audio taped, and/or photographed by any means and am granting full use of our likeness, voice, and words without compensation. I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION AND POSTED OPEN GYM RULES. I understand that failure to follow gym rules may result in my child(ren) and I being asked to leave without refund. I VOLUNTARILY affix my name in agreement.

Parent's Signature _____ Date _____

Child's Name _____ Age _____

(Please Print) First and last name

Phone # () _____ Cell # () _____