

# ACADEMY of Gymnastics and Dance

## ACKNOWLEDGEMENT OF RISK AND WAIVER

### PARTICIPANT INFORMATION:

Last Name:	First Name:
Date of Birth:	Student: Male/ Female
Discipline:	Date of Participation: _ _ / _ _ / _ _ _ _

### RESPONSIBLE PARTY'S INFORMATION:

Responsible Party's Name:	Home Phone:
Cell:	E-Mail:

**Release of liability** – I warrant and declare that the participant is in good health. If the participant is a minor, I also give my consent in the above-mentioned activity, and for any necessary medical treatment.

**SIGNATURE (PARENT OR GUARDIAN):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### **WAIVER:**

By the very nature of the activity, gymnastics, dance, cheerleading and karate carry a risk of physical injury. No matter how many spotters are used, no matter what height the equipment used or what landing surfaces exist, the risk cannot be eliminated. The risk of injury not only includes minor injuries such as bruises and more serious injuries such as broken bones, dislocation and muscle pulls, but also may include catastrophic injuries such as permanent paralysis or even death from landings or falls on the back of the head.

I, (Parent/Guardian) \_\_\_\_\_, have read and understand the assumption of the risk and understand all of its terms and hereby execute it voluntarily with full knowledge and understanding of its significance. I have advised my minor child of the risks involved.

I, the parent or guardian of (child) \_\_\_\_\_, my minor child, do hereby release on behalf of ourselves and our minor child, all owners and employees of The Academy of Gymnastics and Dance, 1000 Stephanie Place, #1, Henderson, NV 89014, from any and all damages and personal injury that may occur. This is a FULL release of any and all claims given consideration for The Academy of Gymnastics and Dance, its owners and/or employees.

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_ DATE: \_\_\_\_\_

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