

**Emerald City Academy of Rhythmic Gymnastics, LLC.
Waiver and Release Form for Minors**

**RELEASE OF LIABILITY, WAIVER OF LIABILITY -
ASSUMPTION OF FULL RESPONSIBILITIES FOR ALL RISKS OF
BODILY INJURY, DEATH OR DAMAGES**

As a parent or legal guardian of _____, I give my consent for him / her to participate in the programs at Emerald City Academy of Rhythmic Gymnastics, LLC (“ECARG”). I fully understand that participation in physical exercise involving gymnastics, dance and tumbling carries a **risk of serious bodily injury** due to the heights and motions involved. These injuries may include muscle strains and tears, broken bones, and severe injuries such as permanent paralysis or even death. I agree that the above named minor is voluntarily participating in these activities and that I am fully aware of the risks involved and the possibility of injury that might result.

As ECARG will make no recommendation whether a child is physically fit to engage in any exercise activity, I have evaluated the experience and capabilities of the above named minor and believe that they are qualified to participate in the activity. I further acknowledge that it is my responsibility to obtain a physician's statement describing any physical condition which could limit this child's participation prior to commencement of activities under this program.

As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities run by ECARG.

I understand that it is the express intent of this company to provide for the safety and protection of my child and in consideration for allowing the above named minor child to participate in activities with ECARG, I waive any and all rights or causes of action against ECARG, its respective administrators, directors, agents, officers, employees, volunteers, other participants and owners and lessors of the premises where the activity is being conducted, for any injuries or other damages suffered by my child or myself while under the supervision or control of ECARG and its associates. It is also my intent to release ECARG and its employees from liability for future negligent conduct.

CONSENT FOR TREATMENT OF A MINOR

I fully understand that ECARG. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby grant permission for the staff of ECARG, if deemed necessary by them, to render first aid and to seek medical assistance, including summoning an ambulance, on behalf of the above named participant in the event of any injury or illness.

This acknowledgment of risk and waiver of liability has been read by me, completely understood and signed voluntarily to confirm that I expressly agree with the above statements. I am 18 years of age or older.

↑ Name of Parent / Guardian

↑ Signature of Parent / Guardian

Email: _____

Date _____

Telephone: _____
