

Liability Release Form

Student Name: _____ Birthdate: _____

Parent Name: _____ Phone: _____

Email Address (REQUIRED): _____

Address: _____

- I give my approval for the above named student's participation in any and all activities of the EAGLES GYMNASTIC & DANCE CENTRE, INC. programs.
- I understand that it is my option to consult a physician for assurance of proper health and am hereby encouraged to do so by EAGLES GYMNASTIC & DANCE CENTRE, INC.
- I authorize the representatives of EAGLES GYMNASTIC & DANCE CENTRE, INC. to provide any emergency medical services that may be required due to an injury during any activity at EAGLES GYMNASTIC & DANCE CENTRE, INC.
- As Parent, Guardian or Participant, I understand that participation for the above named student is entirely by my own choice and also understand that there are RISKS and a possibility of ACCIDENTAL injury, paralysis and even death in any activity involving motion, unusual motion, or height.
- EAGLES GYMNASTIC & DANCE CENTRE, INC. is not responsible, whatsoever, for anything that happens before, during or after the student's workouts and classes.
- I HEREBY FOREVER WAIVE, AND FOREVER RELEASE AND DISCHARGE EAGLES GYMNASTIC & DANCE CENTRE, INC., THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS FROM ALL LIABILITY FOR ANY AND ALL DAMAGES AND INJURIES SUFFERED BY THE ABOVE NAMED STUDENT OR PARTICIPANT IN CONNECTION WITH USE OF EQUIPMENT, INSTRUCTORS, AND FACILITY INCLUDING INSIDE AND OUTSIDE ACTIVITIES ON EAGLES GYMNASTIC & DANCE CENTRE, INC. PROPERTY.
- **MY SIGNATURE BELOW DOES HEREBY VERIFY THAT I HAVE READ AND UNDERSTAND AND ACCEPT EACH OF THE ABOVE POLICIES, TERMS AND CONDITIONS AND FOREVER WAIVE, AND RELEASE EAGLES GYMNASTIC & DANCE CENTRE, INC.**

Signature of Parent or Legal Guardian

Date