

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, S&J Gymnastics 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, S&J Gymnastics Inc.
- I authorize the representatives of EAGLES GYMNASTIC, S&J Gymnastics Inc. to provide any emergency medical services that may be required due to an injury during any activity at EAGLES GYMNASTIC, S&J Gymnastics 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, S&J Gymnastics 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, S&J GYMNASTICS 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, S&J GYMNASTICS 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, S&J GYMNASTICS INC.**

Signature of Parent or Legal Guardian

Date