

# Orlando Metro Gymnastics

www.orlandometrogyms.com

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the Elite Gymnastics of Orlando, Orlando Metro Gymnastics, & Aquatics-Baldwin Park, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics, Inc and/or its affiliates classes or special events, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity, I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the event takes place, or the negligence of the participant name below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby, release, discharge, and covenant not to sue Elite Gymnastics of Orlando, Orlando Metro Gymnastics, & Aquatics, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics, Inc and/or its affiliates, its respective administrators, directors, agents, offices, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors' of premises on which the activity takes place, (each considered one of the “releasers” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasers” or otherwise, including negligent rescue operation and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasers, I will indemnify, save, and hold harmless each of the Releasers from any loss, liability, damage, or cost, which any may incur as the result of such claim. If claim is filed I understand it must be filed in the county the incident occurred.

### PARENTAL CONSENT

I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, understand the nature of the above referenced activities and the Minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights on behalf of my children, myself and any chaperones participating on my behalf, by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I give my permission to Elite Gymnastics of Orlando, Orlando Metro Gymnastics, & Aquatics, Orlando Metro Gymnastics Avalon Park, Orlando Metro Gymnastics Lake Mary, Orlando Metro Gymnastics, Inc and/or its affiliates to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include an individuals image, family image and/or voice for the purpose of promoting or advertising in, but not limited to, print and/or social media.

1st Child’s Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB: \_\_\_\_\_

2nd Child’s Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB: \_\_\_\_\_

3rd Child’s Name \_\_\_\_\_ M/F \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Participant \_\_\_\_\_ M/F \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_ APT #: \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

E-mail (to receive updates & info, etc) \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent / Legal Guardian

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date Signed

<b>FOR OFFICE USE ONLY</b>	
Trial Date: _____	Class: _____