



LIBERTYVILLE GYMNASTICS ACADEMY WAIVER & RELEASE FORM

PARENTS/GUARDIANS INFORMATION: (PLEASE PRINT)

1st Parent/Guardian Name: _____

2nd Parent/Guardian Name: _____

Today's Date: _____ Home Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ @ _____

() @gmail.com () @comcast.net () @att.net () @sbcglobal.net () yahoo.com

NAME OF MINOR CLASS PARTICIPANT _____

SEX _____ **AGE** _____ **DATE OF BIRTH** _____

NAME OF MINOR CLASS PARTICIPANT _____

SEX _____ **AGE** _____ **DATE OF BIRTH** _____

NAME OF MINOR CLASS PARTICIPANT _____

SEX _____ **AGE** _____ **DATE OF BIRTH** _____

NAME OF MINOR CLASS PARTICIPANT _____

SEX _____ **AGE** _____ **DATE OF BIRTH** _____

Names of other minors that may be on-site and under my supervision at LGA

INSURANCE INFORMATION:

Insurance Co: _____ Plan/Group # _____ Phone #: (_____) _____

MEDICAL INFORMATION:

Doctor's Name: _____ Hospital (preferred) _____

Phone #: (_____) _____ Phone #: (_____) _____

EMERGENCY CONTACT (OTHER THAN PARENT):

Name: _____ Relationship: _____ Phone #: (_____) _____

Name: _____ Relationship: _____ Phone #: (_____) _____

PLEASE TURN OVER TO REVIEW AND SIGN AND DATE THE WAIVER. THANK YOU.



I, on behalf of myself and all individuals whom I authorize or designate (collectively, "I" or "me"), am aware that any activity at LIBERTYVILLE GYMNASTICS ACADEMY ("LGA") Ninja Zone can pose the risk of serious injury and that participation exposes my child to that risk. I affirm that my child is medically qualified to participate, and I will instruct my child to follow the coaches' instructions regarding techniques, training and other rules.

I have been provided with the following information regarding safety while at LGA:
www.cdc.gov/headsup/youthsports.

I have been provided with the following information regarding safety at LGA:
<https://www.usagym.org/pages/education/safesport/parents.html>.

I agree and grant permission to LGA, Ninja Zone, and its affiliates, without further financial or other consideration to me or my child, and in exchange for consideration received, to use my child's name, likeness, portrait, image, recorded voice, or biographical information in order to advertise or publicize LGA, Ninja Zone and/or its affiliates, including, but not limited to, photographs, print media, electronic media, video, the internet, or other promotional or marketing materials.

In consideration for allowing my child's participation in activities and other minor children whom may be with me at LGA, Ninja Zone, I further agree to release, waive, discharge, indemnify and hold harmless LGA, its members, managers, officers, employees, representatives, volunteers and/or agents from any and all liability, claims, demands, costs (including attorneys' fees), and causes of action, including but not limited to, liability arising from the negligence or fault of the entities(s) or persons released, for death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur, including by traveling to and from LGA. This release and assumption of risk runs to my successors, assigns, heirs, administrators, executors, and any and all members of my family.

I acknowledge that I have read and understand this waiver. I further acknowledge that I have voluntarily signed this wavier.

PARENT/GUARDIAN SIGNATURE: _____

DATE OF SIGNATURE: _____