



## Libertyville Gymnastics Academy Waiver Release Form

I fully understand that Libertyville Gymnastics Academy Inc.'s / Ninja Zone staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Libertyville Gymnastics Academy Inc.'s / Ninja Zone staff to render temporary first aid to my child or children, in the event of any injury or illness. Also, if deemed necessary, I authorize the Libertyville Gymnastics Academy Inc.'s / Ninja Zone staff, to call our doctor, or to call an ambulance, for said child, should the Libertyville Gymnastics Academy Inc.'s / Ninja Zone staff deem this to be necessary.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

We, the staff of Libertyville Gymnastics Academy Inc.'s / Ninja Zone recognize our obligation, to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, dance, and use of inflatables. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, tumbling, and cheerleading and use of inflatables, can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules of coaches and instructors.

Libertyville Gymnastics Academy Inc.'s / Ninja Zone its' coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, dance instruction, open workouts, use of inflatables, or in the course of any exhibition, competition or clinic, in which, the student may participate or while traveling to or from the event.

With the above in mind and being fully aware of the risks and possible injuries involved, I consent to have my child or children participate in the programs offered by Libertyville Gymnastics Academy Inc.'s / Ninja Zone. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child, may have against Libertyville Gymnastics Academy Inc.'s/Ninja Zone and/or its' representatives whether paid or volunteer.

I, also, affirm that I now have and will continue to provide proper hospitalization, health and accident insurance that I consider adequate for both my child's protection and my own protection.

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

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

Additionally, I understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Libertyville Gymnastics Academy Inc.'s / Ninja Zone will only warn the child through "Safety Messages" and our teaching styles and progressions.

Unnamed students, may occasionally appear in photographs and/or video recordings taken by gym staff members, other students, or other individuals authorized by the owners of Libertyville Gymnastics Academy Inc.'s / Ninja Zone. The gym may use these pictures, without identifying the students, in various publications, including but not limited to website newsletters, promotional postcards, DVD/photos shown or played in Libertyville Gymnastics Academy Inc.'s / Ninja Zone building. No consent or notice is needed or will be given before Libertyville Gymnastics Academy Inc.'s / Ninja Zone uses pictures of unnamed students taken while they are in the gym or a gym-related activity.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Circle One:

Trial Class    Supervised Open Gym    Cheer/Tumble Open Work Out    Birthday Party    Camp    Clinic

### Office Use Only

Trial Class: Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Class Type \_\_\_\_\_ Coach \_\_\_\_\_

Register in program? Yes \_\_\_\_\_ No \_\_\_\_\_ Follow Up Call By \_\_\_\_\_

Class Type \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_