



**Participation Waiver
PLEASE PRINT CLEARLY**

First Child's Name: _____ Birthday: _____

Second Child's

Name: _____ Birthday: _____

Third Child's Name: _____ Birthday: _____

Fourth Child's Name: _____ Birthday: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Medical Insurance Company: _____ Policy#: _____

Emergency Contact: Name: _____

Home Phone: _____ Cell Phone: _____

Allergies or Medical Conditions: _____

ASSUMPTION OF RISK--WAIVER OF LIABILITY--PHOTO RELEASE--MEDICAL AUTHORIZATION

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in all activities offered at Rainbow Gymnastics, such as Gymnastics and Ninja Warriors can result in severe injuries, permanent paralysis, brain damage, or even death.

ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE, AND FOREVER RELEASE Rainbow Gymnastics, each of their respective officers, directors, shareholders, employees, contractors, invitees, licensees and agent ("you") from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting from acts of negligence by you. I also waive all rights any third party may otherwise have to pursue claims against you on my behalf (including the right of subrogation). If, despite this agreement, I, or any third party on my behalf, makes a claim against you. I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of each claim.

In the event of an accident or emergency I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost, and will hold you harmless in your management of such accident or emergency. I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care.

I am aware that photos and videos are taken from time to time for marketing (ie. Facebook & website use) and instructional purposes and I hereby consent to their use by Rainbow Gymnastics and their agents.

Opt out of photo/video release _____ initial

I have read and understand this Assumption of Risk, Waiver of Liability, Medical Authorization and Photo Release

PARENT/LEGAL GUARDIAN signature _____

Print Name _____ Date: _____