RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND

INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the Eagle Ridge Gymnastics program, 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 my own actions, or inactions, those of others participating in the event, the conditions

in which the event takes place, or the negligence of the “releasees” named 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, Eagle Ridge Gymnastics its respective administrators, directors,

agents, officers, 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 “RELEASEES” 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 “releasees” or otherwise, including negligent rescue operations 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

Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost,

which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY

AGREEMENT, understand that I have given up substantial rights 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of participant

PARENTAL CONSENT

AND 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 hereby

Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of

the Releasees from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have

been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations,

and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of

the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation

expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Medical attention: I hereby give my consent to Eagle Ridge Gymnastics and/or the host organization to

provide through a medical staff of its choice, customary medical/athletic training attention, transportation,

and emergency medical services as warranted in the course of my participation.

Primary Medical Insurance Information:

Participant is covered by primary health/medical/accident Insurance through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary care physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Parent/or Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/or Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number

(Student Athlete)