

Madison Gymnastics World Participant Agreement, Release and Assumption of Risk

Please Print and Fill Out Completely

Parent/Guardian Name:		Birth Date:
Street Address:	City:	State:
Email:	Phone:	

**RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT
PERMISSION TO TREAT IN AN EMERGENCY**

I am the parent or legal guardian of the child(ren) identified below and voluntarily authorize my child(ren) to participate in gymnastics and other activities including Inflatables at Madison Gymnastics World.

I understand that there are inherent dangers associated with gymnastics and recognize that any physical activity involves risks of serious injury or death, including but not limited to temporary or permanent muscular and skeletal injury and paralysis. Knowing these risks, I and my child(ren) assume all risks, whether foreseen or unforeseen, in connection with my child participation in this activity.

WE AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, WAIVE, AND RELEASE SPOKANE GYMNASTICS, TOGETHER WITH ITS OFFICERS, TRUSTEES, EMPLOYEES, AGENTS AND MEMBERS, AGAINST ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION ARISING OUT OF, OR IN ANY WAY CONNECTED WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY. Furthermore, I assume complete responsibility for any property damage and/or personal injury caused by my child(ren) in connection with his/her/their participation in activities at Madison Gymnastics World.

I have fully and accurately completed the information in the child(ren)'s waiver application and assert that my child(ren) has/have no physical condition that would prevent or hinder his/her/their participation, other than those disclosed. In the event of any injury, I authorize Madison Gymnastics World and its employees to administer first aid, transport my child(ren) to a hospital, initiate medical treatment until I can be notified.

I hereby give Madison Gymnastics World the absolute right and permission to publish, copyright and use pictures of my child(ren) which he/she may be included in whole or part in composite or retouched in character or form. I understand that these images may be used for marketing purposes including website and social media. I certify that I am his/her parent or legal guardian and I give my consent without reservation to the foregoing on his/her behalf.

I understand that this Release Agreement is a legally binding contract and shall remain in effect for the duration of my child(ren)'s participation in Madison Gymnastics World activities. This Release agreement shall bind my heirs, personal representatives, assigns and all members of my family, including minors.

I HAVE FULLY INFORMED MYSELF OF CONTENTS OF THIS APPLICATION AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT BY READING BEFORE SIGNING IT.

Participant 1: Child Name:	Birthdate & Age:
Participant 2: Child Name:	Birthdate & Age:
Participant 3: Child Name:	Birthdate & Age:
Participant 4: Child Name:	Birthdate & Age:

Parent/Legal Guardian's Signature: _____ Print: _____

Date: _____

Waiver accepted by _____ (MGW Employee)