

**Accident Waiver**

Athlete Full Name: DOB:

**Parent/Guardian Information:**

Name: Phone: Email:

Emergency Contact: Phone:

***Elite Xtreme Gymnastics and Tumbling - Release Form - Assumption of Risk – Waiver of Liability- Medical Authorization***

* I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities may include but are not limited to gymnastics, tumbling, and trampoline. In addition, being fully aware of these dangers, I hereby give consent for my child(ren) to participate in all Elite Xtreme Gymnastics and Tumbling programs and activities and I ACCEPT AND ASSUME ALL RISKS associated with this participation and hereby, for myself and on behalf of my child(ren) and our respective heirs and successors, COVENANT NOT TO SUE and forever release and hold harmless Elite Xtreme Gymnastics and Tumbling, it’s owners, employees, contractors and volunteers from and against any and all claims, injuries, damages, losses, or liabilities arising from or related to the participation in activities including claims of negligence.
* In any event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital or medical facility for medical treatment and I hold Elite Xtreme Gymnastics and Tumbling and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by me or my child(ren) as a result of any injury sustained while participating at or for Elite Xtreme Gymnastics and Tumbling.
* PHOTO & VIDEO RELEASE: I grant consent for my/minor’s picture to be taken or to be filmed while participating in activities at Elite Xtreme Gymnastics. I authorize Elite Xtreme Gymnastics to use and publish images, photographs, pictures, portraits, and audio, video and/or film footage of me/minor in all forms of media and in all manner for publication including, but not limited to, advertising and marketing campaigns, press releases, periodicals, and website use. I hereby waive any right I may have to review, inspect, edit or approve such publication and I release Elite Xtreme Gymnastics from any claims I may have against it for use of such images, photographs, pictures, portraits, and audio, video and/or film footage of me.
* I agree **PARENTS / SIBLINGS / GUARDIANS AND ANY OTHER PERSONS ARE NOT ALLOWED ON THE FLOOR** / equipment at any time.

**Parent/Guardian Print Name: Signature: Date:**

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**FOR OFFICE USE ONLY**

Data Entry / Processed By:

Membership Type: E-Payment Schedule:

☐Credit Card Info Entered (If no card on file, make a note in Jackrabbit and list reason below).

Fixed Fee or Discount: Transactions Posted:

Welcome Email : Notes: