**Text

Description automatically generatedPermission & Liability Release**

**Gymnastics & Tumbling**

Today’s date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1st -** Student’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male/Female Birthdate: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**2nd -** Student’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male/Female Birthdate: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**3rd -** Student’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male/Female Birthdate: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home Phone \_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_Zip\_\_\_\_\_\_\_

Mother’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Health Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_

\*\* Please declare any physical problems or restrictions (including those of adults who are participating with or without a child) and list any mental or special custody situations that would be important for us to be aware of:

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

**Release of Liability**

In consideration of allowing the previously-declared participant(s) to begin participation in Majestic Gymnastics activities, while on the premises and property of said Majestic, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless Majestic Gymnastics, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Majestic Gymnastics is conducted, or any premises under the control and supervision of Majestic Gymnastics., its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by Majestic Gymnastics, its owners, officers, agents, or employees.

**Medical Emergencies**

I fully understand that the staff of Majestic Gymnastics, L.L.C., are not physicians or medical practitioners of any kind. With that in mind, I hereby release Majestic Gymnastics, L.L.C., to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child and/or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with Majestic Gymnastics, L.L.C. Does your child have any medical conditions (mental or physical) or medications we should be aware of, including but not limited to; breathing problems, seizures, allergies, Downs Syndrome, dizzy spells, previous neck or spine injuries or conditions, broken bones, high blood pressure, diabetes, autism, epilepsy, heart condition etc.\*\*\*ALL ABOVE CONDITIONS REQUIRE A DOCTORS RELEASE claiming your child is fit enough to take "GYMNASTICS", "DANCE", "TUMBLING", "WRESTLING" and/or "CHEER", "NINJA ZONE" . NOTE: If my child requires an inhaler to be brought to class, I understand I am required to stay with him/her or get a doctor's release. Also, if your child is allergic to bees, I understand I am to stay with him/her during the class or camp.

**Assumption of Risk**

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Majestic Gymnastics may result for the actions, omissions, or negligence of myself and others, including, but not limited to, Majestic employees, volunteers, and program participants and their families. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. I VOLUNTARILY AGREE TO ASSUME ALL OF THE FORGOING RISKS AND ACCEPT SOLE RESPONSIBILITY for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s or my attendance at Majestic Gymnastics or participation in Majestic programming. In signing this Release, the undersigned acknowledges: a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily. b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

**Medical Release**

The undersigned gives permission for Majestic Gymnastics owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

**Marketing Release**

I understand that my child's likeness may be used in Majestic Gymnastics ads, promotional videos, website material, or various other marketing. These images, audio, or recording will be used for Majestic Gymnastics purposes only, and will not be given or sold to outside companies or individuals.

**Safety Rules & Gym Policies**

\* Parent/Guardian must come inside the building to drop off and pick up child. A child is not allowed outside without an adult.

\* Do not drop off your child until 10 minutes or less before his/her class starts. Child must be picked up at the end of class and no later than 5 minutes after class is released.

\* Do not allow your child(ren) to run/horseplay in parking lot and/or parent observation area. NO playing on bleachers and/or railings.

\* Proper attire must be worn at all times and hair must be pulled back into a pony or bun. No jewelry allowed to be worn.

\*No gum allowed in gym and all food and drinks must remain in observation area.

\* Only students are allowed in the gym area. Parents must remain in parent observation area.

\* Please do not speak or yell at your child when he/she is during class. This is a distraction to everyone in the gym. Our coaches are trained to handle all situations including behavior, class management, or injury.

\*No pictures or videoing or recording during class or other related events.

\* Failure to follow the above policies may result in dismissal of gym membership. Safety is our number one concern.

Everyone must adhere to all safety rules: Vault - one at a time, run towards board, run on runway, jump on landing mat. Rings-one at a time, hold both rings, no legs/feet in rings, never push others on rings, no swinging. Beam-one at at time (unless otherwise instructed), walk in beam area (no running), jump on landing mats. Trampoline-one at a time, land on landing mat, jump one direction only towards landing mat, return back to start by walking on ground, no shoes on trampoline. Bars-one at a time, swing in center of rail, do not hang from cables or spin locks, walk in bar area, always hold on with two hands.

By signing below, you are representing that you have read, agree with, and approve the above stated policies, waivers, and release.

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

**Participant Signature if over 18 years of age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_