

# Rock Springs Gymnastics

This is a legally binding agreement, which is intended to provide a comprehensive release of liability, but is not intended to assert any claims or defenses, which are prohibited by law.

As legal guardian of the child(ren) listed below, I acknowledge and agree as follows.

**Assumption of Risk:** I am aware that the services provided by Rock Springs Gymnastics Inc. (RSG) & NINJA ZONE, including, but not limited to, gymnastics, tumbling, trampoline, NINJA ZONE classes, open gym, parties, and special events (hereinafter referred to as the "Activity"), as in any sport involving height and motion, involves the risk of serious bodily injury, including permanent disability, paralysis, or even death. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. Being fully aware of these dangers, I voluntarily consent & FULLY ACCEPT ALL RISKS associated with the participation of the Activity including if I, as a parent or guardian, must enter the gym for any reason.

**Representation of Ability to Participate:** I understand the nature of the Activity, and I represent that the child is qualified, in good health, and in proper physical condition to participate in the Activity. If any participants are currently injured (cast, crutches, recent stitches etc.) they may participate by observation only, unless we have a signed doctor's release.

**Release of Liability:** In consideration for allowing my child(ren) and I to use these facilities, I, on behalf of my child(ren) and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE, and FOREVER RELEASE RSG, NINJA ZONE, and all of its officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches, and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity (collectively the "Released Parties") of and from any and all actions, causes of action, claims, demands, liability, losses, damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of, or are connected in any way to, the child(ren)'s participation in the Activity. **Any and all gymnastics/Ninja skills will be conducted in a safe gym environment and I will hold RSG and NINJA ZONE harmless of any injuries incurred in and outside the gym areas.**

**Medical Authorization:** In the event of an emergency, I would like my child(ren), as listed below, to be taken to a hospital for medical treatment and I hold all Released Parties harmless in their execution of this action. Additionally, I hereby agree to individually provide for all future medical expenses which may be incurred by my child(ren), or I, as a result of any injury sustained while participating in the Activity at RSG.

**Image & Audio Consent:** By attending this birthday party, I hereby authorize RSG and NINJA ZONE to publish photographs and/or videos of me and/or the undersigned minor child(ren), along with our names & voices, for the use of printed publications, on their websites, Facebook pages, and for training purposes. I release RSG and NINJA ZONE from any expectation of confidentiality for the undersigned minor child(ren). I acknowledge that since participation in publications and websites produced by RSG and NINJA ZONE is voluntary, neither the minor child(ren), nor I will receive financial compensation. I further agree that participation in any publication and website produced by RSG and NINJA ZONE confers no rights of ownership whatsoever. I release RSG and NINJA ZONE, it's contractors and its employees from liability for any claims by me, or any third party in connection with my participation or the participation of the undersigned minor child(ren).

**AS THE PARENT &/OR LEGAL GUARIDAN OF THE MINOR CHILD(REN), I HAVE READ AND UNDERSTOOD THIS ASSUMPTION OF RISK, REPRESENTATION OF ABLITY TO PARTICIPATE, RELEASE OF LIABILITY, MEDICAL AUTHORIZATION, AND IMAGE & AUDIO CONSENT AND FULLY ACCEPT ALL OF THE TERMS AND CONDITIONS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

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Printed Child #1's Name (under 18)

\_\_\_\_\_  
Printed Child #2's Name (under 18)

\_\_\_\_\_  
Printed Child #1's Name (under 18)

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone Number