

# WAIVER/ RELEASE FORM

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

### Release /Consent Agreement

I agree that my children named above, attending Artistic Sports Academy Plus, LLC, will be engaging in gymnastics, physical exercise involving various sports, coordination events, and fitness training which could cause injury to them. I agree that my children are participating in these activities and I am assuming all risks of injury that might result. I hereby agree to waive any claims or rights that I might otherwise have to bring suit against Artistic Sports Academy Plus, LLC, it's employees, owners, officers, or agents for injuries that might occur as a result of these activities. Artistic Sports Academy Plus, LLC, will make no evaluation, determination, or recommendation as to whether your children are physically fit for any exercise activity. It is always advisable to consult a physician prior to engaging in or undertaking any physical exercise activity or program. If my children have any physical or mental condition that may impair their ability to engage in these activities, it is my responsibility to obtain a physician's statement describing any limitations to participate in the program and furnish said statement to Artistic Sports Academy Plus, LLC.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Consent and Release

I, the undersigned parent or legal guardian of the above named student do hereby expressly grant authority to the staff of Artistic Sports Academy LLC., to render a judgment concerning medical assistance in the event of an accident, injury or illness during my absence and execute this consent and release provision with the express intention of effecting the extinguishments of and complete release from any and all claims, actions, demands or rights to monetary judgments whatsoever arising from any and all injury or physical harm which may arise from the rendering of such judgments, including, specifically those that may arise out of or be occasioned by, directly or indirectly, any negligent act (s) or omission(s) of Artistic Sports Academy Plus LLC., its officers, agents, employees or servants involved in the rendering of such judgments. Furthermore, in the case of an emergency I consent and expressly grant the staff of Artistic Sports Academy LLC., the authority to obtain medical assistance and treatment as they deem necessary. I understand that Artistic Sports Academy Plus LLC., its officers, agents, employees or servants shall not be responsible for any medical expenses incurred on behalf of the above named student, and that I am responsible for all payment of medical expenses so incurred.

I give permission and consent for a licensed doctor or physician to administer the necessary aid to my child or legal ward should he/she become injured or sick while in attendance at or while participating in any activity associated with Artistic Sports Academy Plus LLC., and to do so without having to wait until I (we) are contacted.

I HAVE READ, UNDERSTAND AND EXPRESSLY AGREE TO THE ABOVE STATEMENT. By the execution hereof I do further bind myself, my child or legal ward and all heirs, executors, administrators, successors or assigns of same.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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