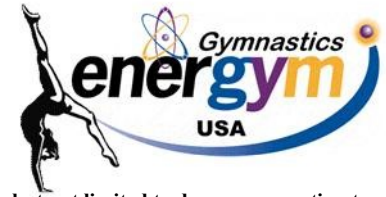


# Family Open Gym Waiver



## ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

**Acknowledgement of Risk:** I acknowledge that there are certain risks of physical injury to participants in sports or activities involving height or motion, including but not limited to dance, gymnastics, tumbling, trampoline, and giant blow-up inflatable's. I agree to assume full risk of any such injuries, damages or losses and relinquish all claims I or my child/ward may have against Energy Gymnastics, Inc., and its officers, agents, servants and employees as a result of participating in any of the program's. I acknowledge that the participant is in good health and able to participate.

**Photo/Video Usage:** I am aware that individual and group photos and videos are taken and I permit Energy Gymnastics, Inc. to use images of my child in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the Energy Gymnastics, Inc. website. I also permit Energy Gymnastics, Inc. to use images of my child in broadcast and print media news coverage of Energy Gymnastics, Inc.

**Waiver of Liability/Medical Authorization:** In the event of an emergency I would like the below mentioned child to be taken to a hospital for medical treatment and I hold Energy Gymnastics, Inc. and its representatives harmless in their execution of this action.

*I have carefully read and understand the Acknowledgement of Risk and Photo/Video Usage and Waiver of Liability/Medical Authorization and understand that my signature is required below in order for my child/ward to participate in Energy Gymnastics, Inc. programs.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

<b><u>Family Information</u></b> (Please Print)
Parent or Guardian Name: _____ Phone Number _____
Address _____
Email Address _____

<b><u>Student Information</u></b> (Please Print)
Student Name _____ B-Day _____ Age/Grade _____
Medical Concerns _____ Member? Yes or No _____ M / F _____
Student Name _____ B-Day _____ Age/Grade _____
Medical Concerns _____ Member? Yes or No _____ M / F _____
Student Name _____ B-Day _____ Age/Grade _____
Medical Concerns _____ Member? Yes or No _____ M / F _____

<b><u>Payment</u></b>	Cash or Check # _____ or	Amount Due:
	Credit Card: # _____ Exp. _____ CSV # _____ Zip Code _____	\$ _____