

## RELEASE AND WAIVER OF LIABILITY

In consideration of being allowed to participate in any way in the programs at gym time, LLC, related events and activities the undersigned acknowledges, appreciates and agrees that:

 The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to me does exist; and
I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe an unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest instructor immediately; and,

4. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE:

gym tiME, LLC, its members, officials, referees, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lesser of premises used to conduct the event. (Collectively, the "Releasees")WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law,

5. I, for myself and on behalf of my/ours heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law; and,

6. I understand that gym tiME, LLC retains the right to use any photographs, video tapes, motion picture recordings, or any other record of my child's attendance for the gym's website, publicity, advertising, or any legitimate purpose. My signature confirms that I understand and agree that my child's picture (without name) may be used on publicly accessible areas of the gym tiME's website.

I UNDERSTAND I AM ASSUMING ALL RISKS INHERENT IN GYMNASTICS WHETHER KNOWN OR UNKNOWN, AND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP MY RIGHT TO SUE GYMTIME LLC, of Easton, PA. whether caused by negligence of said persons or entities.

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS and further agree that no oral representations, statements, of inducements apart from this agreement have been made.

## I WANT MY CHILD/SELF TO PARTICIPATE IN THIS HAZARDOUS SPORT.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

| Parent or Legal Guardian (Signature)            |                             | Date  |                |   |   |         |                    |    |
|---|-----------------------------|---|----------------|---|---|---------|--------------------|----|
| Parents or Legal Gua                            | rdian ( <b>Print Name</b> ) | E-mail Address  |                |   |   |         |                    |    |
| Address   |                             | Telephone Numbe   | er (Area Code) | ) |   |         |                    |    |
| City, State, Zip                                |                             |   |                |   |   |         |                    |    |
| <mark>Student # 1</mark><br>Medical Conditions: |                             |   | Start Date     | / | / | DOB     | /                  | _/ |
| Trial Class                                     | Package                     |   | Day of Class   |   |   | Time of | Class_             |    |
| Student # 2<br>Medical Conditions:              |                             |   | Start Date     | / | / | _DOB_   | /                  | _/ |
| Trial Class                                     | Package                     |   | Day of Class   | 6 |   |         | Class              |    |
| Student # 3<br>Medical Conditions:              |                             |   | Start Date     | / | / | DOB     | /                  | /  |
| Trial Class                                     | Package                     |   | Day of Class   | 5 |   | Time of | <sup>2</sup> Class |    |
| I,<br>permission to treat a                     | nd/or have myself or my     | , ( <b>Parents or Legal</b> (<br>underage child transpo | 0              |   |   |         | -                  |    |

Waiver emergency occur.