

# ELITE GYMNASTICS ACADEMY WAIVER & RELEASE OF LIABILITY

Elite Gymnastics Academy \* 1817 John Towers Ave \* El Cajon, CA 92020  
Tel: (619) 441-5900 \* Fax: (619) 441-8729 \* EGAInfo@cox.net \* www.elitegymnastics.com

DISCLAIMER: ELITE GYMNASTICS ACADEMY IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, SPECIAL EVENTS, DEMONSTRATIONS OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, CHEERLEADING, PRESCHOOL OR TEAMS AT ELITE GYMNASTICS ACADEMY FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF ELITE GYMNASTICS, ITS OWNERS, OFFICERS, AGENT OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not to sue Elite Gymnastics, LLC., the Elite Gymnastics Board of Directors and officers, the Elite Gymnastics Booster Club and any of their employees, teachers, coaches or agents from any all present and future claims resulting from ordinary negligence of Elite Gymnastics, LLC. or others listed for property damage, personal injury or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, cheerleading or any other activities or any activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs or assigns.

Further, I am aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, cheerleading and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs and that the mats, pits and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or knowledge of the risks involved and hereby agree to accept my and all inherent risks of property damage, personal injury or death.

I further agree to indemnify and hold harmless Elite Gymnastics Academy and all other listed for any and all claims arising as a result of my engaging in or receiving instruction in Elite Gymnastics, LLC. activities or any activities incidental thereto, whenever, wherever or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of California and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the State of California.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Elite Gymnastics Academy, LLC. or any person listed above.

***One waiver must be completed and signed for each participant. Families with more than one participant may fill out contact information just once per family and then attach multiple waivers together.***

Participant Name (first and last): \_\_\_\_\_

Participant DOB: \_\_\_\_\_ M  F  Class: \_\_\_\_\_

Referred by:  Website  Family Magazine  Friend  Other: \_\_\_\_\_

Parent/Guardian Name (first and last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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