



10210 Werch Drive, Suite 206
Woodridge, IL 60516

BIRTHDAY PARTY WAIVER FORM

Assumption of Risk, Release of Liability for Personal Injury, Medical Authorization

I, _____, for myself and as the parent and/or legal guardian of _____, understand the nature of gymnastics activities and the inherent dangers involved in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Infinity Gymnastics Academy LLC, it's instructors, employees, and volunteers from any and all liability, claims, demands, losses, or damages in any way related to my or my child's use of the facilities, equipment, or apparatus of Infinity Gymnastics Academy. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or any cost that may incur as the result of any such claim, to the fullest extent permitted by law. By signing this release, I acknowledge my understanding and acceptance of the following:

1. That gymnastics is an active sport, which requires strength, agility, and concentration and that it is solely my responsibility to determine that my child is in good health and good physical and mental condition before permitting my child to exercise, work out, receive instruction or perform.
2. That gymnastics requires twisting, turning, tumbling, jumping, extension and rotation, which movements are often performed with considerable force and/or at considerable height and which can result in severe, permanent personal injuries, including, but not limited to bruised, strained, sprained, or torn muscles, tendons and ligaments, broken bones, derangements or dislocations of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death.
3. That gymnastics requires the use of the apparatus and equipment, which may cause or contribute to severe, permanent personal injuries, such as those described above.
4. I give permission for Infinity Gymnastics Academy coaches to administer first aid in cases of minor injuries, and in cases of severe injury until trained medical personnel can be reached. I authorize Infinity Gymnastics Academy coaches to give permission for emergency medical treatment if reasonable effort to contact parent/guardian has failed, and qualified medical personnel consider treatment necessary. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of any injury sustained while participating at or for Infinity Gymnastics Academy.

Parent/Guardian Signature _____ Date

(Phone Number) _____ (Email Address)



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