



# Liability Waiver and Release Form

Participant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Emergency Phone: \_\_\_\_\_

## Waiver and Release of Liability

In consideration of being allowed to participate in gymnastics activities, classes, programs, and events organized by Epic Gymnastics (the "Gym"), I, the undersigned, understand, acknowledge, and agree as follows:

1. **Assumption of Risk**

I understand that gymnastics involves certain dangers inherent in this activity which cannot be avoided or eliminated. I acknowledge that serious injury, permanent disability, or even death could result from participation.

2. **Medical Fitness**

I confirm that the participant is physically fit and has no medical condition that would prevent safe participation. I agree to inform the Gym of any relevant medical condition prior to participating in activities.

3. **Medical Treatment**

In the event of injury or medical emergency, I authorize the Gym and its representatives to seek medical treatment on behalf of the participant. I agree that I am financially responsible for any medical expenses incurred as a result of participation.

4. **Release and Indemnification**

I release and discharge the Gym, its owners, employees, coaches, trainers, and affiliates from any and all liability, claims, demands, or causes of action arising out of participation, including injury, damage, or loss, whether caused by negligence or otherwise.

5. **Photo/Video Release** (Optional)

I grant the Gym permission to take photographs or videos of the participant during activities for marketing, promotional, or training purposes.

I consent

I do not consent

6. **Code of Conduct**

I agree to follow all rules, policies, and instructions provided by the Gym. I understand that failure to comply may result in removal from activities without refund.

7. **Parental/Guardian Consent** (For minors)

If the participant is under 18 years of age, I, as the parent or legal guardian, consent to the participant's involvement in gymnastics activities and agree to all terms of this waiver.

## **Acknowledgment of Understanding**

I have read this waiver and fully understand its terms. I understand that by signing this waiver, I am giving up legal rights, including the right to sue. I sign it freely and voluntarily.

**Parent Signature:** \_\_\_\_\_

**Parent Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_