Participant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature (Parent/Legal Guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Print name (Parent/Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of being permitted to participate in any way in any activities of Nasser Gymnastics Academy, Inc. (“NGA”) at any time during the calendar year, for myself, my personal representative, assigns, heirs, and next of kin:

1. Acknowledge, agree and represent that I/the participant fully understand the nature of participating in activities of (“NGA”) activities and that I am qualified, in good health, and in proper physical condition to participate in such activities. I further agree and warrant that if at any time I believe the conditions to be unsafe, I will immediately discontinue further participation in the activities.
2. Fully understand that: (a) any activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death (“risks”); (b) these Risks and dangers may be caused on my own action or inactions, the actions or inactions of others participating in the Activities, the condition in which the Activities take place, or the negligence of the releases named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity.
3. I hereby release, discharge, and covenant not to sue, NGA, it’s administrators, directors, agents, oﬃcers, members, independent contractors, volunteers, employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, assumption of risk, & indemnity agreement I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost, which may be incurred as the result of such claim.

I have read this agreement, fully understand it’s terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and eﬀect.

I Hereby authorize and give my consent to NGA including any of its instructors to provide emergency medical care and to give authority to any emergency unit, hospital or doctor to render immediate aid as might be required for the treatment of the above named student in the event of any emergency either on the premises of NGA or during the course of any sports event involving the student as a NGA participant. As Parent/Legal Guardian, I agree to provide health insurance for the minor child(ren) and/or guarantee payment of any and all medical expenses incurred as a result of training, performing, or participation in activities at NGA. All medical expenses incurred will be the responsibility of the participant or participant’s family. I understand that it is my responsibility to inform NGA if my child(ren)’s medical condition changes during the course of enrollment at NGA.

By signing this, I understand that even though I am not taking lessons and will not be on the equipment I may injure myself being in the gym. I take full responsibility for my actions and agree to pay for any and all medical bills that might arise from an accident at NGA. This could include, but not limited to stepping off uneven mats, and twisting and ankle, broken bones, torn ligaments, spine injuries or even death. This also includes outside the building in the parking lot and all surrounding areas.

Without compensation to me or the student, I hereby grant NGA and its affiliates the absolute right and permission to copyright, publish, and use photographic portraits, pictures, or videos of the minor for use through reasonable promotion of gymnastics and sports conducted by NGA. I hereby waive any right that I or the minor may have to inspect or approve the finished media material as long as the matter is within reason and is not deemed to be socially inappropriate for use of the minor or student.

**Minor Release for activities at Nasser Gymnastics Academy, Inc.**

And I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities at Nasser Gymnastics Academy, Inc. (“NGA”) and the Minor’s experience and capabilities and believe the minor to be qualiﬁed, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasee’s from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and 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 that may occur as a result of any such claim.

Childs Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_ D/O/B \_\_\_\_\_\_\_\_\_

Name of School/Daycare\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_