

## Mid Island Gymnastics - 516-935-9804

Waiver Form: Classes, Open Tumble, Birthday Parties, Team

I recognize that potentially severe injuries can occur in sports activities involving height or motion, including but not limited to gymnastics, tumbling, cheerleading, dance, ball sports, martial arts, party and camp games and activities. Being fully aware of the dangers, I voluntarily consent for my child/children to participate in all Mid Island Gymnastics programs and accept all risks associated with that participation. In consideration of allowing my child/children to use these facilities, I, on behalf of my child/children and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue Mid Island Gymnastics, its officers, directors, shareholders, employees, volunteers, and all others associated with the corporation(s) from all liability and for any and all damages and injuries suffered by my child/children or myself while under all instruction, supervision, or control of Mid Island Gymnastics. I hereby agree to individually provide for all present and possible future medical expenses which may be incurred by my child/children as a result of any injury sustained while participating at Mid Island Gymnastics.

I have read and understand this acknowledgment of risk and waiver of liability and I voluntarily affix my name in agreement.

Child Name: \_\_\_\_\_

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

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

Release for Photos:

I also understand that Mid Island Gymnastics retains the right to use photographs, videotapes, motion picture recordings, or any other record of events for publicity, advertising or any legitimate purpose.

Child Name: \_\_\_\_\_

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

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

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