

SOUTH FLORIDA GYMNASTICS

LIABILITY WAIVER AND RELEASE FORM

Parents MUST sign if student is under 18 years of age.

I consent to the following statements below to have my child(ren) participate in the programs offered by South Florida Gymnastics. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child(ren) may have against South Florida Gymnastics and/or its employees or representatives whether they are paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child(ren)'s protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics.

We, the staff of South Florida Gymnastics recognize our obligations to make your students and their parents' aware of the risks and hazards associated with the sport of gymnastics, tumbling, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, tumbling, and dance can be dangerous and can lead to injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. The parent should warn the child(ren) accordingly to what the parents' feel is appropriate. South Florida Gymnastics will only warn the children through "Safety Messages" and our teaching style and progressions.

South Florida Gymnastics, its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or dance instruction, or during the course of clinics, exhibition, competitions, in which he/she may participate or while traveling to/from the event.

ELIGIBILITY: I agree to comply with the rules of South Florida Gymnastics

1. **READINESS TO PARTICIPATE:** I will only participate in those South Florida Gymnastics classes, events, and activities for which I believe I am physically and psychologically prepared.
2. **MEDIAL ATTENTION:** I hereby give my consent to South Florida Gymnastics to provide, through medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
3. **WAVIER AND RELEASE:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as, other damages and losses associated with participation in gymnastics, tumbling and dance activities and events.
4. **PHOTO RELEASE:** I understand that during the course of my child(ren) participation there will be different newspapers, TV stations, etc.. I also understand there will be pictures and videos taken of our teams and classes. By signing this release you give permission to South Florida Gymnastics to use the pictures and videos for advertisements and promotions for the gym. I understand that there will be NO compensation from the gym or the user for any pictures or videos used with myself or my child(ren).

Parent/Guardian Signature: _____ **Date:** _____