



Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Phone No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Phone No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

(other than parent)

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

**Please initial the following:**

\_\_\_\_\_ **I have read and signed the Release and Waiver of Liability.**

\_\_\_\_\_ **I understand that there are no refunds. We will pro-rate sessions for new sign ups.**

**Release and Waiver of Liability**

The following statements are made by Student and by Student's parent or legal guardian, on behalf of Student, if Student is under age 18:

I am fully aware of and understand the risks that are inherent in the sport of gymnastics, gymnastics training, and gymnastics competition, despite all reasonable precautions taken for participants' safety. Those risks include the risk of catastrophic injury, paralysis, and death, and the damage and losses associated with those risks. I knowingly and willingly assume all those risks as a condition of Student's participation in the programs and activities offered and conducted by Victory Sports Academy. For myself and for my heirs and personal representatives, and for anyone claiming through me, I hereby waive and release any and all rights and claims for damages for personal injury or other loss that Student might have or sustain as a result of or relating to Student's participation in any of the programs and activities of Victory Sports Center. The persons released from claims include Victory Sports Center, and the owners, directors, officers, operators, coaches, trainers, and staff of Victory Sports Center.

As Student, or as Student's parent or legal guardian, I declare that I am aware of Student's experience and capabilities, and I understand the nature of the gymnastics programs and activities referred to in the preceding paragraph. I believe Student to be in good health, in proper physical condition, and otherwise qualified to participate in those programs and activities. I hereby further release each of the persons designated in the preceding paragraph from any and all claims for loss caused or alleged to have been caused by the negligence of the persons released, or by the negligence of any third person (including emergency and health care personnel), relating to those programs and activities and medical or emergency aid rendered in connection therewith. I covenant not to sue any of the persons released in connection with any such claim, and I agree to indemnify and hold them harmless from any cost, expense, attorney's fee, or other loss if Student, I, or any other person acting on the Student's behalf or otherwise makes any such claim against any of them.

\_\_\_\_\_  
Student Signature (if 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date