



# Natural Balance Gymnastics Waiver Form

Valid through August 31, 2020 **PLEASE PRINT LEGIBLY & FILL IN COMPLETELY**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legal guardian(s)' name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact (**not parent**): \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information:

Physical limitations, allergies or special needs (please describe, use back of page if needed) \_\_\_\_\_

### LIABILITY RELEASE AND INDEMNIFICATION

In consideration of Twisters Gymnastics, Inc. dba Natural Balance allowing the Gymnast to participate in gymnastic sports activity, class, competition, training, and other related activities (hereinafter referred to as the "**Activity**"), I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the gymnast and his or her parents or legal guardians):

(1) **Acknowledgment and Assumption of Risks.** I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the gymnast's actions or inactions, those of others participating in the Activity, the conditions in which the Activity takes place, the negligence of the "Released Parties" named below, or other causes. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for injuries, losses, cost and damages that may result from the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity.

(2) **Representation of Ability to Participate.** I understand the nature of the Activity, and I represent that the Gymnast is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for the Gymnast, then it will be my responsibility immediately to discontinue the gymnast's participation in the Activity.

(3) **Release.** I hereby release, covenant not to sue, waive, relinquish and forever discharge Natural Balance, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, representatives and the owners or lessors of any facilities within which the Activity is conducted, and their respective agents and employees (collectively the "**Released Parties**") of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature for personal injury, property damage or wrongful death, that arise out of or are connected in any way to the Gymnast's participation in the Activity and the transportation of the Gymnast to and from the Activity (collectively the "**Released Claims**").

(4) **Indemnification.** The undersigned further agree(s) to indemnify, defend, and hold harmless the Released Parties from any such claims brought by or on behalf of his/her/their minor child arising out of or connected in any way with any of the Released Claims. I agree to abide by all rules and conditions imposed by Natural Balance on the Activity for parents, spectators and participants.

Natural Balance reserves the right to use the gymnast's image on photos or in videos on our website or in advertisements.

**I HAVE READ AND UNDERSTOOD THIS REGISTRATION FORM, INCLUDING, WITHOUT LIMITATION, THE LIABILITY RELEASE AND INDEMNIFICATION. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_