

**WAIVER AND RELEASE OF LIABILITY  
AND ASSUMPTION OF RISK  
(Read Before Signing)**

In consideration of being allowed to participate in the events, programs or activities of Tiger Academy of Gymnastics, LLC, including T.A.G. Battle Club, Adapted Gymnastics, special events, camps, birthdays and lock-ins, hereinafter referred to individually and collectively as 'Academy', the participant identified below, together with the parents of the participant, acknowledge that:

There is always a risk of injury from participating in gymnastics activities. While rules, equipment and personal discipline may reduce this risk, the risk of injury does exist. On behalf of the participant, the parents signing below hereby acknowledge that they are voluntarily encountering any risk of injury in participating in gymnastics activities, and they voluntarily are assuming all risk and responsibility in connection with that participation.

Gymnastics involves rotational twists and landings which may impact the neck, spine, arms, knees and other body parts. Parents and participants should take steps to educate themselves regarding possible injuries consult with a physician regarding overall health before proceeding.

Participant and parents willingly agree to comply with the stated and customary terms and conditions for participation and follow all rules and directives of staff. Participant and parents are responsible for reviewing safety rules prior to commencing activity. The participant should wear close-fitting clothing, restrain loose hair, remove jewelry and avoid all distractions. In addition to the inherent hazards of physical activity, if Participant observes any unusual hazard during while at the Academy, Participant should cease participation and notify an employee immediately.

**MEDICAL TREATMENT CONSENT:** Participant and parents authorize Academy to seek medical treatment for Participant as the Academy deems necessary at any medical facility and consent to any x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care deemed necessary by a licensed healthcare provider. This authorization is given in advance of any specific diagnosis, treatment, or hospital care and it is given to provide Academy authority to seek medical treatment, and to provide a licensed healthcare provider the authority to administer this treatment as he/she judges necessary to the listed named. Participant accepts responsibility for the payment of all services rendered and understands that Academy does not provide insurance for said treatment. Participant understands whenever possible, Academy will make a good faith effort to contact a parent/guardian before treatment is sought. Participant understands that Academy is not responsible for any injury sustained by participants.

**MEDIA CONSENT:** The Undersigned further grants permission to use and publish any image, voice, likeness, photograph, biographical information, videotaped footage and name in any medium, including television, video, print, Internet and any and all other media for advertising, promotional and trade purposes in conjunction with this and similar events in perpetuity, without notice to me and without further compensation, except where prohibited by law.

