

West Valley Gymnastics School
Permission Slip Release of Liability and Indemnification Agreement

Participants must bring this to the gym on the day of the event.

All information must be filled out completely below by parent or legal guardian.

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian, I hereby consent to the aforementioned person participating in the West Valley Gymnastics School programs. I recognize that participating in this sport may be a dangerous activity involving **MANY RISKS OF INJURY**. I understand the dangers and risks include, but are not limited to, death, serious neck or spinal injury, which may result in paralysis, brain damage, serious injury to all internal organs, injury to all bones, ligaments, muscles, tendons, and other aspects of my child's body. I understand the dangers and risks of playing or practicing may result not only in serious injury, but in serious impairment of future ability for my child to earn a living, engage in business, and generally enjoy life.

I understand that it is the express intent of West Valley Gymnastics School to provide for the safety and protection of my child, and in consideration for allowing my child to participate, I hereby assume all the risks associated with the sport (of gymnastics) and agree to hold West Valley Gymnastics School, its officers, employees, teachers, and coaches harmless from any and all liability, causes of action, debts, claims, or demands of any nature whatsoever which may arise in connection with my child's participation in any activities related to the program. The terms hereof serve as a release.

I, as the parent/legal guardian, have read the above warning and release and understand its terms. I understand the sport (of gymnastics) involves many risks, including but not limited to those outlined above.

PERMISSION TO TREAT

I fully understand that West Valley Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the West Valley Gymnastics staff to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the West Valley Staff to call our doctor to seek medical help, including transportation by a West Valley staff member, and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the West Valley Gymnastics staff deem this to be necessary. I do hereby authorize any trained medical professionals to administer emergency medical treatment to my child should illness or accident occur in my absence.

MEDIA RELEASE

Any person, including your child, may be photographed while in class or at WVGS events. These photos may be posted at WVGS, on the WVGS website, in WVGS promotional materials, or on the WVGS social media pages. I hereby waive all rights of privacy and/or compensation for me or my child, which I or he/she may have in connection with the use of my or her/his photograph or likeness, or any or all of them. I, for myself, my child and our respective heirs, administrators, successors and assigns hereby release West Valley from and against any and all claims, liabilities or damages arising out of, or in connection with, the use of my, or my child's photograph or likeness, or any or all of them, by West Valley for its business promotion activities.

Signed by Parent or Legal Guardian _____ **Date** _____

Name of Parent or Legal Guardian _____

Child's First and Last Name _____ **Child's date of birth** _____

Phone Number _____ **Alternate phone number** _____

Address _____