IGI GYMNASTICS

Birthday Party for:

Waiver

Assumption of Risk, Waiver of Liability, Medical Authorization

As legal guardian of _____, I recognize that potentially severe injuries, including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, rock climbing and ball sports. Being fully aware of these dangers, I voluntarily consent to the participant participating in any and all IGI Gymnastics [hereinafter referred to IGI] programs, camps and activities and **I ACCEPT ALL RISKS** associated with that participation. In consideration for IGI allowing the participant to use these facilities, I, on my own behalf and on behalf of the Participant and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE AND FOREVER RELEASE IGI**, its officers, directors, shareholders, employees or agents (collectively referred to as "IGI") from all liability for any and all damages or injuries resulting from acts or omissions on the part of its officers, directors, shareholders, employees or agents. Further, I agree to indemnify IGI from any loss, liability, damages or cost IGI may incur due to the presence of the participants in or on the IGI business premises or any other location at which the participant is participating in IGI related activities whether caused by the negligence of IGI or otherwise.

In the event of an accident or emergency I would like my child to be taken to a hospital for medical treatment and I authorize IGI to do so but agree IGI is not required to request such treatment and is not responsible for that treatment. I agree to hold IGI and its representatives harmless for any action or inaction related to such medical treatment. Additionally, I agree to pay all expenses incurred related to medical treatment and indemnify IGI from claims related to same.

I also consent to the use by IGI or anyone it authorizes of any and all photographs, tapes or other representations, and any reproductions thereof for the purpose of promotion (including sale, publication, display and exhibition) without compensation. I further consent to the use of my name or the Participant's name in connection with such materials, and agree that such materials and negatives or files shall constitute the property of IGI with full right of distribution.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

_____ _____ _____
Child's Name Age Birth date

_____ _____
Parent or Legal Guardian's Signature Date

_____ _____
Parent Name Phone Number

_____
Email

_____
Street Address, City, State, Zip

THIS FORM MUST BE COMPLETED BEFORE YOUR CHILD CAN PARTICIPATE