



5564 S. Van Winkle Expressway, Murray, UT 84117
801-231-3838 www.dgautah.com

Activity Release Waiver and Assumption of Risk

In consideration of participating at Dream Gymnastics Academy, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity.

I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Dream Gymnastics Academy, its respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have completely and unconditionally released all liability against the parties to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST DREAM GYMNASTICS ACADEMY AND OTHERS.

CONSENT OF TREATMENT OF A MINOR

Should it be necessary, in the opinion of a staff member of Dream Gymnastics Academy, to render first aid and assistance to the participant(s) listed, I hereby grant permission to the staff of Dream Gymnastics Academy and other medical personnel to render such aid and assistance as they may deem necessary. I understand that they will also make every effort to contact me or the emergency number provided. I have carefully read this consent for treatment of a minor and fully understand its contents.

Participant Name: _____ Birthday: _____

Participant Name: _____ Birthday: _____

Participant Name: _____ Birthday: _____

Address: _____ City: _____ Zip: _____

E-mail address: _____

Contact Phone: _____

Parent's/Guardian Printed Name: _____

Parent's/Guardian Signature: _____