

WAIVER OF LIABILITY AND RELEASE FORM

Today's Date: _____

I _____ parent/guardian of _____ fully understand that Rhythmic Academy staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Rhythmic Academy staff to render first aid to my child in the event of any injury or illness, and to call an ambulance for said child should the Rhythmic Academy staff deem this to be necessary. Rhythmic Academy cannot, by law dispense Aspirin or other medications.

We the staff of Rhythmic Academy recognize our obligation to make our students and their parents aware of the risk and hazards associated with the sport of gymnastics. Rhythmic Academy will warn through "Safety Messages" and our teaching style and progressions. Parents should make their children aware of the possibility of injury and encourage children to follow all the safety rules and coaches' instructions. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics can be dangerous and can lead to injury!

The Rhythmic Academy, its coaches and other staff members, will not accept responsibility for injuries sustained by the student during the course of gymnastic practice, acrobatics, ballet, dance, open workout, gymnastics camp, birthday party, or in the course of any exhibition, competition or clinic in which he or she may participate through Rhythmic Academy.

I affirm that I have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Rhythmic Academy. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Rhythmic Academy, its representatives and coaches. This includes all claims against the property landlord Bert and Jane Boeckman, Trustee of the Boeckmann Family revocable Trust and Family Revocable Trust.

I also have read and understand Rhythmic Academy Club Rules and Policies.

Athletes Full Name: _____

Parent/Guardian Full Name: _____

Signature: _____