

Phone #

Signature-Parent/Guardian Full Name

Cell Phone #

LIABILITY RELEASE AND WAIVER, Assumption of Risk and Indemnity Agreement

NOTE: THIS FORM MUST BE READ AND SIGNED, UNALTERED, BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY FUNCTION INCLUDING BUT NOT LIMITED TO GYMNASTICS TRAINING, COMPETITION, TRAVEL, BIRTHDAY PARTIES, OPEN GYMS, CAMPS, AND FIELDTRIPS AT ILLINOIS VALLEY GYMNASTICS ACADEMY

ACADEMY.		, 0121 (S, III D I I LED I I I I	EDITORS VILLER GIVEN HOTTES
I hereby acknowledge that I am	either the parent	or legal guardian of		(hereinafter "the child").
In consideration of the child bei to as IVGA, located at 304 East				Gymnastics Academy, LLC, herein referred ee that:
LOSS OR DAMAGE. The acti fieldtrips. Participation in many risk of injury or death. Some of such as broken bones, dislocation	vities include, but of IVGA's active of IVGA's active of the risks include ons, and torn musused by landing of	t are not limited to gymr vities involves motion, ro e, but are not limited to, l cles. The risks also include	nastics training, competitions, lotation, and height in a unique ess serious injuries such as brude, but are not limited to, cata	US INJURY, DEATH AND/OR PROPERTY birthday parties, open gyms, camps, and environment and as such carries with it the uses and sprains, and more serious injuries astrophic injuries such as permanent paralysis a may be caused by an injury to the central
OUT OF OR RELATED TO THE MYSELF, AND OF BEHALF OF WAIVE, DISCHARGE, INDEM OFFICERS, VOLUNTEERS, SELIABILITY AND/OR COST TO CLAIMS OR DEMANDS THE	HE EVENT(S) W OF MY HEIRS, A MNIFY, HOLD H TAFF, SPONSO O THE ABOVE REFORE AS A SING FROM PA	/HETHER CAUSED BY ASSIGNS, PERSONAL HARMLESS, AND PRO RS, AND/OR AGENTS NAMED CHILD FOR A RESULT OF INJURY, I RTICIPATION IN OR F	THE NEGLIGENCE OF TH REPRESENTATIVES, AND MISE NOT TO SUE IVGA, I , (for all purposes hereinafter I ANY AND ALL INJURY, LO LOSS, AND/OR DAMAGE TO RELATED TO THE EVENT(S	ND/OR PROPERTY DAMAGE ARISING E RELEASEES OR OTHERWISE. FOR NEXT OF KIN, I HEREBY RELEASE, NCLUDING ITS OWNERS, DIRECTORS, referred to as "RELEASEES") FROM ALL SS, AND/OR DAMAGE, AND ANY O THE CHILD OR PROPERTY OR S) ASSOCIATED WITH IVGA, WHETHER
serious accident occurs, if I can other emergency medical facility	not be immediate y to receive emer	ly contacted at my emerg gency medical treatment	gency number, I authorize for a last authorize ambulance/i	when necessary. In the event that a more my child to be transported to a hospital or rescue squad personnel to administer f warranted, on behalf of my child.
including negligent rescue opera	ations, and is inte , Assumption of	nded to be as broad and	inclusive as is permitted by the	to all acts of negligence by the Releasees, e laws of Illinois, and if any portion of this eed that the balance shall, notwithstanding,
5. I hereby acknowledge	that IVGA is no	t responsible for any per	sonal items that are lost, stolen	ı, or damaged.
I hereby acknowledge videotapes, motion picture recor- legitimate purpose.	that I am either trdings, or any oth	the parent or legal guard ter record of the child's p	ian of the child. I authorize IV participation at any of IVGA's	GA to retain the right to use any photographs events for publicity, advertising, or for any
that by signing it I have given ordinary negligence of IVGA	n up substantial or its Releasees	rights on my behalf an s, sign it freely and volu	d also on the child's behalf w ntarily without any inducem	, fully understand its terms, understand which may be available to me for the ent, assurance, or guarantee being made createst extent allowed by law.
Printed – Parent/Guardian	Full Name			CY CONTACT INFORMATION
			Othe	r the Parent /Guardian
Address	City	Zip		Contact Name

Contact Relationship

Contact Number