

**DOUGLASVILLE GYMNASTICS AND CHEERLEADING, INC. SPECIAL EVENTS WAIVER
ASSUMPTION OF RISK, WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION**

As legal guardian of the child listed above, hereafter, child(ren) I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, parties, and special events. Being fully aware of these dangers, I voluntarily consent and **ACCEPT ALL RISKS** associated with the participation of the aforementioned person(s) participating, as well as myself, in any and all Douglasville Gymnastics and Cheerleading Club. programs and activities including if I as a parent or guardian must enter the gym for any reason.

In consideration for allowing me and my child(ren) to use these facilities, I, on my behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** Douglasville Gymnastics and Cheerleading Club, its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Douglasville Gymnastics and Cheerleading Club, including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In the event of an emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Douglasville Gymnastics and Cheerleading Club and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at or for Douglasville Gymnastics and Cheerleading Club.

By attending this special event or lessons here at Douglasville Gymnastics and Cheerleading, I am granting your permission for my child to be filmed, videotaped, audiotaped or photographed by any means and are granting full use of your likeness, voice, and words without compensation.

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

Child's name _____ Date of birth _____

Parent/Legal guardian _____ Date _____

Address _____ City _____

State _____ Zip _____ Email _____

Parent phone number _____ Cell phone number _____

Parent/legal guardian signature _____