

## East Bay Gymnastics, LLC Birthday Party Waiver/Release of Liability

As legal guardian of \_\_\_\_\_, by signing below, I hereby give permission for my child to participate in programs at East Bay Gymnastics (EBG, LLC). I fully understand that EBG, LLC. owners, officers, employees, and/or agents are not physicians or medical practitioners of any kind. With that in mind, I hereby release the EBG, LLC. owners, officers, employees, and/or agents to render temporary first aid to my child in the event of any injury or illness, or seek medical help, including transportation by a EBG, LLC. owners, officers, employees, agents and/or volunteers, to any healthy care facility or hospital, or the calling of an ambulance for said child should it be deemed necessary. Additionally, I hereby agree to individually provide for all possible medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for EBG, LLC.

I recognize that potentially severe injuries can occur in sports or activities involving height or motion, including gymnastics, tumbling, and trampoline. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all programs at EBG LLC., and ACCEPT ALL RISKS associated with participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby covenant not to sue and forever release EBG, LLC. EBG, its owners, officers, representatives, employees, volunteers and/or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of EBG, LLC., including, without limitation, those damage or injuries resulting from acts of negligence on the part of its owners, officers, representatives, employees, volunteers and/or agents. Parents, please make your children aware of the possibility of injury and encourage your children to follow all the safety rules and the instructor's instruction. I have read and understand this MEDICAL AUTHORIZATION, ASSUMPTION OF RISK, AND WAIVER OF LIABILITY and I voluntarily affix my name in agreement.

### \*Initial      **Marketing Release**

By signing below, I give permission for EBG, LLC. to video or photograph my child for marketing purposes. I understand that EBG, LLC. will not identify names with images, unless permitted or give or sell these images to outside companies or individuals.

**Participants Information- Name (printed):** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Parent/Guardian Information- Name (printed):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_