

GYMINI ATHLETICS ACCEPTANCE OF RISK AND AGREEMENT OF WAIVER:

In consideration of my child's participation in Gymini Athletics classes, events & activities, I agree to be bound by the following:

Eligibility—I agree to comply with the rules of Gymini Athletics

Readiness—My child will only participate in those classes, events and activities for which I believe he/she is physically and psychologically prepared.

Medical Attention—I hereby give my consent to Gymini Athletics to provide through a medical staff of its choice customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my child's participation.

Waiver and Release—I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities, classes or events. I will make my child aware of the possibility of injury and encourage my child to follow all the safety rules and coaches' instruction. I agree to indemnify and hold Gymini Athletics, and Free Hill Management Group, all employees and officers harmless from and against any and all liability for any injury that may be suffered by the aforementioned individual arising out of or in any way connected with participation in this activity, classes or events.

Legal Guardian Printed Name Signature of Legal Guardian (18 years or older) Date

Child's Name _____ Birthdate _____

Child's Name _____ Birthdate _____

Email _____ Phone # _____