



# Synergy Gymnastics Academy

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*"In Union There is Strength"*

## ADULT

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND IDEMNITY AGREEMENT

In consideration of participating in the Synergy Gymnastics Academy activities I understand the nature of this "Activity"; I am qualified, in good health, and in proper physical condition to participate in such "Activity". I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the "Activity". I fully understand that this "Activity" involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating, and/or the conditions in which the "Activity" takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, cost, and damages incurred as a result of participation in the "Activity". I, my heirs, next of kin, executors, successors, administrators hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS, which I may have against Synergy, its respective administration, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of the premises on which the "Activity" takes place, each considered one of the "RELEASEES" herein from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the "releasees". I will indemnify, save, and hold harmless each of the "releasees" from any loss, liability, damage, or cost, which may occur as the result of such claim, I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing and have signed freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

**MEDIA:** Media, parents, and visitors often take pictures or videos of classes and teams. I acknowledge, by signing this release, that I am giving permission for the use of my image, video or testimonial to be used in promotion or advertng for the gym. It is understood that no compensation will be giving by the gym or other user for the image, video or testimonial.

**OPEN GYM:** While instructors/coaches/staff are on hand to ensure safe play, gymnastics instruction is NOT provided during open gym. You should never attempt to do something or preform a "skill" that you are not already able to do proficiently. For children under the age of 6 years, a parent should be in a hand reach of their child at all times. No cell phones, camera's, food or beverages are allowed on the gym floor at any time.

I HEREBY CERTIFY THAT I am covered by my own Medical Insurance. I have read and understand this RELEASE prior to signing it, and I am aware that by signing this RELEASE I am waiving legal rights. Synergy shall have the right to impose additional conditions which will further the intent and legal rights and waivers provided. This Release was created and executed in the State of Arizona and shall be governed by, enforced in and construed in accord with the laws of the State of Arizona. I acknowledge that in executing this Release, I am not relying on any promises, inducements, or representations made by Synergy. I have read and fully understand the information above.

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Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Permission to Treat (optional)

I hereby give permission to trained medical professionals to administer medical treatment should sickness or injury occur and/or transport to a medical facility.

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Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name:		Cell Phone:	
Home Address:		Home Phone:	
City/State/Zip:			
Email Address:		How did you hear?	
F/M	Age:	Birthdate:	
Emergency Contact Name:			Phone: