



WAIVER

Impacting children & families for life!

Impact Gymnastics Academy

7812 North 12th Street; Suite B

Phoenix, AZ 85020

602-870-7574

ImpactGymAZ.com



Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____ How did you hear about Impact: _____

Secondary Email Address (optional): _____

Student's Name: _____ F / M Age: _____ Birthdate: ____ / ____ / ____

Student's Name: _____ F / M Age: _____ Birthdate: ____ / ____ / ____

Student's Name: _____ F / M Age: _____ Birthdate: ____ / ____ / ____

Student's Name: _____ F / M Age: _____ Birthdate: ____ / ____ / ____

Medical Conditions/Allergies/Restrictions: _____

I am aware that in addition to the usual dangers and risks inherent in the sport of Gymnastics, Cheerleading, Trampoline, Tumbling, and other Impact Gymnastics Academy (IGA) activities, certain additional dangers and risks are present when using Impact Gymnastics Academy Facilities, Gymnastics Equipment and Trampoline, including, but not limited to, the danger and risk of falling, jumping, landing, height and motion. By signing this waiver, I freely accept and fully assume responsibility for all such dangers and risks and the possibility of personal injury, death, property damage or loss resulting therefrom. In consideration of utilizing Impact Gymnastics Academy facilities, gymnastics equipment and trampoline and for other good and valuable consideration, I hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS** for personal injury including death, illness, and/or property damage that my child may have against Impact Gymnastics Academy, their principals, directors, sponsors, affiliates, employees, representatives and any volunteers in any way associated with Impact Gymnastics Academy, all of whom are hereinafter collectively referred to as "IGA".
- 2. TO RELEASE IGA FROM ANY AND ALL LIABILITY** for any loss, damage, injury, death, medical or other expense that my child may suffer or that any other party may suffer as a result of my use of Impact Gymnastics Academy facilities, gymnastics equipment and trampoline or in my child's participation in the sports of gymnastics, trampoline, tumbling, cheerleading, or other IGA activities.
- 3. TO HOLD HARMLESS AND INDEMNIFY IGA** from any and all liability for any property damage or personal injury to any third party, resulting from my use of Impact Gymnastics Academy facilities, gymnastics equipment and trampoline or by my child's participation in the sports of gymnastics, trampoline, tumbling, cheerleading, or other Impact Gymnastics Academy activities.
- 4. THIS RELEASE OF LIABILITY SHALL BE EFFECTIVE AND BINDING** upon my heirs, next of kin, executors, administrators, successors, and assigns in the event of my child's personal injury including death, illness, and/or property damage.
- 5. I ADDITIONALLY AGREE** that my child shall follow correct safety procedures when using Impact Gymnastics Academy facilities, gymnastics equipment and trampoline. I hereby consent to IGA to use my child's image in any form of media including print, television, and internet, for advertisement and promotional purposes. The venue and place of trial of any dispute that may arise out of or be related to this agreement or the services to be performed pursuant to this agreement, or otherwise, in which Impact Gymnastics Academy or its agents or employees is a party shall be in the Superior Court of Maricopa County in the State of Arizona.

I HEREBY CERTIFY THAT my child is covered by his/her own Medical Insurance, and that I have read and understand this Release of Liability prior to signing it, and I am aware that by signing this Release of Liability I am waiving certain legal rights which I, my child, or our heirs, next of kin, executors, administrators, successors, and assigns may have against IGA. Impact Gymnastics Academy shall have the right to impose any additional conditions which, in the opinion of IGA, will further the intent and legal rights and waivers provided herein. This Liability Waiver was made 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 Waiver, I am not relying on any inducements, promises, or representations made by IGA.

I am acting on behalf of the student's other parent in signing this contract and I have authority to bind such other parent to the terms and conditions of this contract on his or her behalf. I have read and fully understand the information above.

X

Signature

X

Printed Name

X

Date