

Adult Recreation Waiver

Participating Adult's Name _____

Date of Birth _____

Address _____

City _____ Zip Code _____

E-mail Address _____

Phone Number _____ Cell Phone

Number _____ Medical Conditions or Allergies

_____ Alternate Emergency

Contact Person _____ Phone Number _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

I _____, understand and accept the potential 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 and parties. Being fully aware of these dangers, I voluntarily participate in any and all Gymnastic Dreams programs and activities and I **ACCEPT ALL RISKS** associated with that participation. I, on the behalf of my child(ren) and other heirs, administrators, executors and successors, hereby **CONVENANT NOT TO SUE** and **FOREVER RELEASE** Gymnastic Dreams, its officers, directors, shareholders, employees and agents from all liability for any and all damages or injuries suffered by myself while under the instruction, supervision, or control of Gymnastic Dreams including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In case of medical emergency, I understand that I may be transported to an appropriate medical facility by a local emergency unit for treatment. I will be treated and transported at the expense of myself or my health insurance.

By participating in gymnastics at Gymnastic Dreams, you are granting your permission to be filmed, videotaped, audio taped or photographed by any means and are granting full use of your likeness, voice and words without compensation.

I have read and understand this **ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION**. I have **VOLUNTARILY** affixed my name in agreement and agree to all terms listed above.

X _____

Adult Participant Signature

Date

Important Note: Due to a strict insurance policy every participating gymnast must have this waiver on file with Gymnastic Dreams.

Gymnastic Dreams 12830 Wayne Road, Livonia, MI. 48154