



# CHAMPIONS GYMNASTICS

Telephone (705) 743-9338

2410 Lansdowne Street West

Cavan-Monaghan, ON

## **Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement**

Any activity involving motion or height creates the possibility of accidental injury. All activities and exercises performed at Champions Gymnastics Club are solely at the risk of the participant. I declare the participant named on this release is physically fit and able to participate in gymnastics, and any activities that are involved.

In consideration of participating in activities at Champions Gymnastics Club, I fully understand the nature of the activity. I fully assume and accept the risks involved including the possibility of serious bodily injury, permanent disability, paralysis or death. I acknowledge that if any conditions within Champions Gymnastics Club are unsafe, I will discontinue participating immediately. I fully accept all such risks and accept responsibility for any injury, losses, costs and damages that I incur as a result of participating in the activities at Champions Gymnastics.

I hereby release and discharge Champions Gymnastics, its owners, management, coaches, staff and volunteers from all liability, claims, injury, damage, or any loss which may result in the use of services and facilities at Champions Gymnastics. I agree to waive any and all claims that I may have in the future with Champions Gymnastics Club.

**Parents are permitted to assist their children and/or to take photos. I understand that the equipment is for birthday party participants only.**

I have read and understand the Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement. I understand that by signing this document I am waiving substantial legal rights and have signed this agreement freely.

**Party Date** (if applicable): \_\_\_\_\_

**Party Host Name**(if applicable): \_\_\_\_\_

\_\_\_\_\_  
Printed name of Participant

## **Parental Consent:**

\_\_\_\_\_  
Printed name of Parent/ Legal Guardian (if participant is under 18 years of age)

\_\_\_\_\_  
Signature of Parent/ Legal Guardian (if participant is under 18 years of age)

Date: \_\_\_\_\_