

OPEN GYM AGREEMENT AND RELEASE

In consideration of my participation in Silvia's Gymnastics classes, events, and activities, I agree to be bound by each of the following:

Eligibility: I agree to comply with the rules and regulations of Silvia's Gymnastics.

Readiness to Participate: I will only participate in those Silvia's Gymnastics classes, events, and activities for which I believe I am physically and psychologically prepared.

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 damage and losses associated with participation in gymnastic activities and events. In consideration of my participation in Silvia's Gymnastics classes, events, and activities, I, together with my executors, administrators, personal representatives, successor and assigns hereby agree and do hereby release, remise and forever discharge Silvia's Gymnastics, its shareholders, employees, agents, officers, directors, successors or assigns, of and from any and all claims, demands, actions, causes of action, accounts, bonds, claims, contracts, debts, notes, obligations and liabilities of any nature whatsoever, in law or in equity, especially arising out of or in connection with any gymnastic activity, training, instruction, or any other service provided by Silvia's Gymnastics. By executing this release, I acknowledge and understand that I will be exercising or doing gymnastics at my own risk and Silvia's Gymnastics assumes no responsibility for any injuries or accidents which arise while I am exercising or performing gymnastics.

Medical Attention: I hereby give my consent to Silvia's Gymnastics and/or the Host Organization 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 participation.

Primary Medical Attention: I am covered by a primary health/medical/accident through:

Printed name of Athlete: _____ **Signature of Athlete:** _____
Home Phone: _____ **Cell Phone:** _____

FOR ANY ATHLETE WHO IS NOT YET 18 YEARS OLD: AS LEGAL GUARDIAN OF THIS ATHLETE, I HEREBY VERIFY BY MY SIGNATURE BELOW THAT I FULLY UNDERSTAND AND ACCEPT EACH OF THE ABOVE CONDITIONS FOR PERMITTING MY CHILD TO PARTICIPATE IN CLASSES, EVENTS, COMPETITIONS, AND ACTIVITIES CONDUCTED BY SILVIA'S GYMNASTICS.

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: ___ / ___ / ___