

TOP GUN GYMNASTICS ACADEMY RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

As a parent and/ or guardian, I give my consent for my child to participate in the programs at Top Gun Gymnastics Academy. I understand that this is considered a **OPEN GYM** and **HAS LIMITED GYMNASTICS INSTRUCTION**. I represent that I understand the nature of this activity and that my child is 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 understand that participation in gymnastics, trampoline, dance, and related activities may result in unavoidable injuries due to the heights and motions involved. These injuries may include muscle strains and tears, broken bones, and severe injuries such as permanent paralysis and/ or even death.

As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses uncured as a result of training, performing, or participation in activities of Top Gun Gymnastics Academy. I give Top Gun Gymnastics Academy and its employees permission to seek what every medical attention necessary for my child in the event of an injury or illness while my child is in there care.

I understand it is Top Gun Gymnastics Academy's express intent to provide for the safety and protection of my child and in consideration for allowing the below named minor child to participate in activities with Top Gun Gymnastics Academy. I waive any and all rights or causes of actions against Top Gun Gymnastics Academy, Kiley Gymnastics Group, LLC, Directors, Managers, employees, and its volunteers for any injuries suffered by my child and other damages suffered by my child or myself while under the supervision or control of Top Gun Gymnastics Academy and its employees.

It is also my intent to release Top Gun Gymnastics Academy and its employees from liability for future negligent conduct. 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 it and have signed it freely without any inducement or assurance of any nature and intent it to be complete and unconditional release of all liability to the greatest extent allowed by law and agree that is any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I am 18 years of age or older.

Printed Name of Participant	Signature of participant	Date
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Printed Name of Parent/ Guardian	Signature of Parent/ Guardian	Date	Phone number to be reached
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