

GYM WAIVER

RELEASE OF LIABILITY, WAIVER OF LIABILITY, ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISK OF BODILY INJURY, DEATH OR DAMAGES

Exceptional Athletics Website: www.ExAthletics.com

Eau Claire
800 Wisconsin St. Suite, 215 Building 4/6- Mailbox 53
Eau Claire, WI 54703
Phone: 715.514.4640
Email: info@exceptionacheer.com

Menomonie
2920 59th St
Menomonie, WI 54751
infomenom@exceptionalcher.com

As a parent/legal guardian of (child's name) _____, I hereby consent to his/her participation in any or all activities being held at the Exceptional Athletics including participation in tumbling, cheerleading, trampoline and use of any equipment. I understand these activities with Exceptional Athletics may result in injuries such as paralysis or even death from various causes, known and unknown, which include but are not limited to, the heights from the equipment and the body during certain movements, rotation of the body and movement of the body.

I am fully aware that these gym activities may be without instruction from Exceptional Athletics coaches, instructors or employees and my child is engaging in these activities under that understanding and at our own risk. I am fully aware of the inherent risk involved in tumbling, cheerleading, trampoline and any and all other activities with Exceptional Athletics, and the possibility of injury or death from participating in these activities.

Acting on my behalf agree to waive any and all rights, claims, damages, actions, cause of action or suits of any kind or nature whatsoever which I have or my child has against Exceptional Athletics or any agent, employee, representative or acting on their behalf and to indemnify, defend and hold harmless Jenifer Wieland, Amy LaVelle, and any Exceptional Athletics agent, employee, representative or other person acting on their behalf, from liability or ordinary negligent conduct which may occur.

Should any part or parts of this agreement be null and void, the balance of the agreement shall remain valid and maintain its full force and effect.

Signature of Parent/Guardian: _____

Date: _____

Emergency Phone # (s): _____

Parent Email Address: _____

Athlete's Email Address: _____

School or Team: _____

VIDEO RELEASE

I, _____ hereby give Exceptional Athletics my permission to use photography and or video clips of my child _____ for the purpose of Advertising, Brochures, web site, television broadcasting, and/or use of any video or photographic materials for any lawful purpose.

Signature

Date