

Brown's Gym Orbit Sports Academy
BIRTHDAY PARTY PARTICIPANT

Child's Name: _____ F: ____ M: ____

Address: _____

E-mail Address: _____

City: _____ Zip: _____

Birth Date: _____ Age: _____ Grade: _____

Telephone: _____

School: _____

Parent's Name: _____

Are there any medical conditions to which we should be alerted? If yes, please explain

Releases, Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Name of child participant for whom I am parent or legal guardian _____

I recognize that gymnastics and all other activities at Brown's Gym Orbit Sports Academy involve height and rotation of the body; therefore there are inherent risks involved. I, despite all reasonable precautions implemented for safety am fully aware of and appreciate the risks including the risk of catastrophic injury, permanent disability, paralysis, and even death as well as other damages and losses associated with participation in the program. The risks assumed may be caused by me and/or my child's own actions, inactions, or those of others participating in the event, the conditions in which the event takes place, or the negligence of the "RELEASEES" named below. I knowingly and willingly assume all risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Brown's Gym Orbit Sports Academy from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Brown's Gym Orbit Sports Academy. I hereby release, discharge, and covenant not to sue Brown's Gym Orbit Sports Academy, its representative administrators, directors, agents, officers, volunteers, employees, other participants, and if applicable, owners and lessors of premises on which the activity takes place (each considered one of the "RELEASEES" herein). I testify the child (or we) is qualified, in good health, and in proper physical condition to participate. And, as an adult participant, I acknowledge that by participating in gym activities and/or moving around in the gym, with its equipment and possible uneven surfaces, there is risk of injury. I acknowledge that I accept the risk, release Brown's Gym Orbit Sports Academy and its agents or employees from liability for such injury and waive the option to sue. I release Brown's Gym Orbit Sports Academy Corporation, staff, facility owner, or related parties from the responsibility or liability for insurance deductibles, medical expenses, and or damages incurred by my child, myself, or other family members while participating or using the facility and parking area. I understand that health insurance is a requirement. I certify that I have health, accident, and liability insurance to cover bodily injury or property damage I may cause or suffer while participating in the sport of gymnastics or any other related activity in or related to Brown's Gym Orbit Sports Academy or else I agree to indemnify and reimburse Brown's Gym Orbit Sports Academy for such fees and costs as incurred. I authorize Brown's Gym Orbit Sports Academy to seek medical treatment at the nearest medical facility in case of emergency. I authorize use of my own and my child's visual image in photos and video for use of newsletters, posters and advertising.

I have read and understand all the above.

Signature of Parent or Legal Guardian _____ Date _____

Print Name _____