

Xplore Tumbling and Gymnastics LLC
223 S. Lincolnway North Aurora IL 60542 630-229-6115

Assumption of Risk-Waiver of Liability-Medical Authorization-Photo Release
Classes-All Camps- Birthday Parties- Parents Night Out-Open Gym- Special Events

Covenant Not to Sue for Injury or Damages: I understand and agree that gymnastics involves movement, stretching and rotation of the body on the floor and on (or around) equipment, apparatus, and other people, and that injuries can still occur with supervision and safety precautions are in place. I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, failure of any equipment or part of the equipment, cuts and abrasions, illness, and death, resulting from my/minor's participation in Gymnastics.

Release, Indemnification and Liquidation Damages: I hereby release, indemnify and hold harmless, Xplore Tumbling and Gymnastics LLC (including all of its members, employees, instructors and agent) from any and all damages, claims, causes of action, lawsuits and liabilities of any kind whatsoever (including reasonable attorney's fees and court costs), for or related to any injury, illness, disability, including death or loss suffered by my child (or by me or any family member) during or arising from participation in gymnastics activities and classes.

Video/Photo Release: I hereby give Xplore Tumbling and Gymnastics LLC my consent and permission to use photograph, video and/or audio recordings of my child (myself or any other family member) in any catalogs, brochures, advertisements, publications, video or audio productions, or other materials used for advertising marketing, publicity or any other purpose.

Authorization of Consent to Treatment of a Minor: I Authorize Xplore Tumbling and Gymnastics to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the gymnast require such assistance, transportation, or services as a result of an injury, or damage related to the participation in the activity. If the gymnast is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached. I understand and agree that this Assumption of risk and Release Agreement is intended to be as broad and as inclusive as permitted under Illinois law, and that if any portion is held to be unenforceable that all remaining provisions not otherwise stricken shall remain in full force and effect.

I HAVE READ THIS ENTIRE AGREEMENT AND I AM SIGNING IT WTH FULL KNOWLEDGE AND UNDERSTANDING OF ITS CONTENTS. FURTHER, I AFFIRM THAT I AM THE PARENT OR LEGALGUARDIAN OF THE CHILD WHOSE NAME(S) APPEARS BELOW (IF ANY)

Parent or Legal Guardian

Signature: _____ **Date:** _____

Print name(s) of child/children: _____