GYM WAIVER

Assumption of Risk, Waiver of Liability, Medical Authorization

Date: _____

As the legal guardian, or adult entrusted to care, of a gym participant(s), I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, rock climbing and ball sports. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Illinois Gymnastics Institute, dba "IGI Gymnastics & Sports Core" gym activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and your respective heirs, administrators, executors and successors, herby COVENANT NOT TO SUE and FOREVER RELEASE IGI Gymnastics & Sports Core, it's officers, directors, shareholders, employees or agents.

In the event of an accident or emergency, I would like the below mentioned child to receive the appropriate emergency medical care, including hospital care if necessary, and I hold IGI Gymnastics & Sports Core, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses that may be incurred by my child as a result of any injury sustained while participating at IGI Gymnastics & Sports Core.

I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and VOLUNTARILY affix my name in agreement.

Child's Name	**Guardian's Signature**	**Contact Number**
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