

# PREMIER GYMNASTICS ACADEMY

## TEAM TRYOUT WAIVER & POLICY AGREEMENT

Please complete and **SIGN the back side of this form** prior to participation in team tryouts.

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### Athlete Information

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

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### Assumption of Risk & Release of Liability

I do hereby give my consent for my child to participate in gymnastics classes, evaluations, team tryouts, strength training, and related activities at **Premier Gymnastics Academy, Inc.**

I understand and acknowledge that gymnastics is an activity involving inherent risks of injury, including but not limited to falls, collisions, sprains, fractures, paralysis, and other serious injuries that may occur during participation or attendance.

I am fully aware of and appreciate the risks and damages that might occur as a result of my child's participation in or attendance at gymnastics activities. Nevertheless, on behalf of myself, my child, and our heirs, administrators, and executors, I hereby release, indemnify, and agree to hold harmless Premier Gymnastics Academy, Inc., along with its owners, directors, employees, coaches, staff members, volunteers, and all persons or entities associated with Premier Gymnastics Academy, Inc., from any and all responsibility or liability for claims, demands, damages, costs, causes of action, and expenses (including reasonable attorney's fees) arising out of or resulting from my child's participation in or involvement with gymnastics activities, including without limitation any personal injury, disability, illness, or property damage incurred or sustained by me or my child.

I certify that my child is physically able to participate and has no medical condition that would prevent safe participation.

I understand that the participant's family medical insurance policy must cover any medical costs incurred in the event of an accident.

In the event of an emergency, I authorize Premier Gymnastics Academy staff to obtain emergency medical treatment for my child if I cannot be reached immediately. I understand that I am responsible for any medical expenses incurred.

Initial Here: \_\_\_\_\_

I have read the above and agree.

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## Photo & Video Release (Optional)

I grant permission for Premier Gymnastics Academy to use photographs or videos of my child taken during tryouts or related activities for promotional, website, or social media purposes.

Yes

No

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## Parent/Guardian Agreement

By signing below, I acknowledge that I have read, understood, and agree to the terms of this waiver and release.

**Parent/Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Office Use Only

Waiver Received

Emergency Contact Confirmed

Athlete Approved to Participate