

Victory Gymnastics Academy

Open Gym/ Birthday One-time use Liability waiver

I, _____ (parent or legal guardian), of

On this day _____ (month, day, year) assume all risks associated with the participation of activities at Victory Gymnastics Academy.

Assumption of risk

I understand that participation is entirely by my own choice and with the understanding that there is risk and the possibility of accidental injury in any activity involving unusual motion or height.

I agree to these terms.

Release of Liability

Having been informed of these activities to be conducted by the Victory Gymnastics Academy LLC., I, a parent or guardian of the participant, give my approval for the above-named student's participation in any and all activities of the program. In consideration of my or the student's membership acceptance in Victory Gymnastics Academy, LLC., their officers, owners, directors, professional consultants, and employees from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities.

I agree to these terms.

Signed _____

In case of an emergency I can be contacted at _____