SPECIAL EVENTS WAIVER

Participant's First Name:_____ **Last Name:** _____

Age: ____ M☐ F☐ Activity: _____

Emergency Contact Name/Relation: _____ / _____ Phone:_____

Medical conditions, if any: _____

RELEASE OF LIABILITY

I (we), despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such 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, officers, coaches and other members and employees of DANIK Gymnastics, INC from personal injury or accident of any sort or nature suffered by me (as), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of DANIK Gymnastics, INC.

MARKETING RELEASE

I understand that my child's likeness may be used in DANIK Gym ads, promotional videos, website material, or various other marketing. These images will be used for DANIK Gym purposes only, and will not be sold or given to outside companies or individuals.

MINOR RELEASE

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnity and save and hold harmless each of the release's from all liability claims, demand, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the release's or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releases named above, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

I HAVE READ AND UNDERSTAND THE TERMS & CONDITIONS MENTIONED ABOVE. Check box ☐ Initial _____

_____	_____	_____/____/_____
Parent or Guardian Printed Name	Signature	Date
_____	_____	_____/____/_____
Participant Printed Name (if over 18)	Signature	Date