

ASHEVILLE COMMUNITY MOVEMENT LIABILITY AND WAIVER FORM

PARTICIPATION AGREEMENT AND RELEASE OF LIABILITY:

I understand that injuries may occur while participating in athletic activities, including but not limited to gymnastics, tumbling, cheerleading, aerial arts, games and other events, programs or activities at Asheville Community Movement.

On my own behalf, and on behalf of my representatives and heirs, I hereby voluntarily agree to release and hold harmless, Asheville Community Movement, it's officers, directors, agents and employees (hereafter collectively called "ACM"), from any and all claims for personal injury, property damage or wrongful death and any damages resulting from participation in these activities or travel to and from such activities.

I hereby give my consent to ACM to provide first aid, athletic training, medical transportation and emergency medical services if warranted in the course of my/my child's participation in any activities at ACM.

I certify that it is my responsibility to notify ACM of any changes in my/my child's health status that may affect my/his/her ability to continue participation.

I understand that it is my responsibility to carry health and dental insurance for my child and will be responsible for all medical or dental care required as a result of any injury that might occur while participating in any program at or sponsored by Asheville Community Movement.

I hereby give consent to ACM to take photographs and/or videos of my child to use in future advertisements, brochures, and websites.

I have read and understand the terms of this agreement, and I agree to be bound by its terms.

Participant's name (please print): _____

Participant's name (please print): _____

Participant's signature (if over 18): _____

Date: ____/____/____

Parent/Guardian signature (if participant is under 18): _____

Date: ____/____/____