

# PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISK

## HAWKEYE GYMNASTICS

In consideration of the services of Hawkeye Gymnastics and their employees, and all other persons or entities acting in behalf of Hawkeye Gymnastics, I release and discharge Hawkeye Gymnastics on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activity I or, my child will participate in poses known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress, or damage to myself, to property, or to third parties. The following describes some, but not all, of those risks:
  - Gymnastics, Cheerleading, Tumbling, Trampoline and Dance entail certain risks which simply cannot be eliminated without compromising or eliminating the essential qualities of the activity. Without a certain degree of risk, gymnastics, cheerleading, tumbling, trampoline and dance students would not improve their skills, and the benefits and enjoyment of the sport would be diminished.
  - Gymnastics, Cheerleading, Tumbling, Trampoline and Dance exposes its participant to the usual risks of cuts and bruises. Other more serious risks exist. Participants can fall off equipment, sprain or break wrists and ankles, and they can suffer more serious injuries including paralysis or even death. If a participant is injured, he or she may require medical assistance at their own expense.

2. I and/or my child expressly agree and promise to accept and assume all of the risks existing in this activity. Participation in this activity is purely voluntary, no one has forced me to participate, and I or my child elect to participate in spite of the risks.

My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand it affects my legal rights. I agree to be bound by its terms.

Student Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact/Cell: \_\_\_\_\_ ( ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Father's Name: \_\_\_\_\_ Work# ( ) \_\_\_\_\_

Email \_\_\_\_\_ Any Medical Problems \_\_\_\_\_

I understand that participation in gymnastics, cheerleading, tumbling, trampoline and dance involves risk and possible injury. I understand and agree that Hawkeye Gymnastics and their staff will assume no responsibility for medical expenses incurred by me, or my child as a result of injury at this facility.

SIGNATURE OF PARTICIPANT OR (PARENT OR GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_

Annual Registration Fee due for students.