

Year \_\_\_\_\_ Minor Consent and Assumption of Risk Statement

In consideration of participation in Heidi's Gymnastics program, and being allowed to participate in Heidi's Gymnastics events and/or activities, the parent(s) and/or legal guardian(s) of the minor participant named below agreed:

1. The parent(s) and/or legal guardian(s) consent(s) to and will instruct the minor participating in any Heidi's Gymnastics events and activities and regularly thereafter, that he or she should inspect the facilities and equipment to be used and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all safety guidelines.
3. I/We fully understand and will instruct the minor participant that:
  - a. There are risks and dangers associated with participation in gymnastic events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis, and death.
  - b. The social and economic losses and/or damages, which could result from those risks and dangers described above could be severe.
  - c. The risks and dangers may be caused by the negligence of the participant or the negligence of others. d. There may be other risks not known to us or are not reasonably foreseeable at this time.
4. I/We accept and assume such risks and responsibilities for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of Heidi's Gymnastics event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents, and employees.
5. I/We agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by Heidi's Gymnastics.
6. I have read all registration materials thoroughly and understand all policies and procedures required of my child(s) participation in Heidi's Gymnastics.

I/WE HAVE READ THE ABOVE WAIVER AND SIGNED IT VOLUNTARILY.

\_\_\_\_\_  
Parent or Guardian (Signature/Relationship)

Date \_\_\_\_\_

Witness \_\_\_\_\_

Printed name of Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_ Zip \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_