## **WAIVER OF LIABILITY/ RELEASE**

1st Child's Name:		M/F	Mon/Day/Year	
		M/F		
	_	M/F	Mon/Day/Year	
Address:	City:		State:	7in·
	Emergency Contact:			Zip
	*E-mail:			
	or informing you of special events, payment due date			
FATHER'S NAME:	Cell Phone:	Cell Phone: Work Phone   Cell Phone: Work Phone		
MOTHER'S NAME:	Cell Phone:	Work Phone		
Where did you hear abou	ut SWAG Gymnastics? A referral is a gre	eat compliment, if re	eferred, who can we thank	?
The following must be rea	ad and signed by the parent/legal guardi	an of all minor stud	ents or by the legal-aged	student.
1	PARENTAL FULL & COMPLETE RELEA	ASE OF LIABILITY	& INDEMNITY AGREEM	IENT
l,	(printed name), bei	ng the parent or leg	gal guardian of	
(hereinafter "Gymnast"), hereby request that Southern Washington Academy of Gymnastics LLC. (hereinafter "SWAG") provide gymnastics				
instruction to the Gymnas	st and agree as follows:			
child during his/her part representing "SWAG" I the risks inherent in gyr injury and death, and h any injuries, death or da and by the Gymnast's e	and for the Gymnast, the undersigned agrees and unicipation in gymnastics instruction and/or competitio Participation in instruction or competition under the donastics. I hereby assume all risks in connection wereby completely release SWAG, its owners, represe and from any claim or legal action by me, an estate, heirs and assigns arising in any way from Gyman content of the cont	n at "SWAG" or at comp direction or supervision or ith Gymnast's participati entatives, coaches, affilia ny other parent or guardi mnast's gymnastic partic	etitions in which the Gymnast ma f owners, agents or employees of on in such gymnastics activities, i ates, officers, directors, volunteers an of the Gymnast, the Gymnast, ipation, including any claim based	y participate at other locations while SWAG shall not in any way eliminate ncluding but not limited to personal s and employees from any liability for anyone on behalf of the Gymnast, d on negligence.
the Gymnast's participa the minor Gymnast atta	the parent/guardian signing below represents to SW her parent or guardian of said minor Gymnast and a ition in SWAG and/or gymnastics or from this contrad ined majority, or from third parties injured by the min d employees harmless from any such claim, legal ac	ct, brought on behalf of s nor Gymnast, and hold S	said minor Gymnast or any other i WAG, its representatives, agents	parent/guardian thereof, even after . affiliates. officers. directors.
clinic or hospital if, in the the undersigned or the totally fulfilled and SWA related transportation for	igned further authorizes anyone working at SWAG to e opinion of anyone working at SWAG, medical atterundersigned's designee or to any ambulance or other (as shall not have any further responsibility for the Gyor the Gymnast and to indemnify and hold SWAG, its I therein, or any claims arising therefrom.	ntion is needed for the certain medical transport, medical transport, medical transport, medical transports and the control of	hild. The undersigned agrees that dical facility, clinic or hospital, the	t upon turning the Gymnast over to responsibility of SWAG shall be
disputes between myse	e for, and in consideration of SWAG making gymnas: elf and SWAG arising from the Gymnast's participatic f the State of Washington and the exclusive jurisdict	on in the sport of gymnas	stics, and including any claims for	personal injury and/or death, will be
I acknowledge and und behalf for any reason, in	fully read the foregoing Complete Release of Liability erstand this is a complete release and indemnity agreated in the street and indemnity agreated in the street and that I am contractually agreated in the street in the street and street in the street and street in the street in	reement, that it covers a	ny and all claims by the Gymnast	me or anyone else on the Gymnast's
6. If any part o legally binding and that	of this agreement is deemed unenforceable, the remains am releasing legal rights by signing it.	ainder shall be an enforc	eable contract between the partie	es. I am aware that this contract is
Parent or Guardian Signa	ature			
. aront or Oddidian Olyne	acu. 0			
Date				
I give permission for SW/will not be identified by no	AG to use photographs of my child on the ame.	eir website or in pro	omotional material with the	understanding that my child
Initials: Date:				