

**Adult of Risk • Waiver of Liability • Medical Authorization**

Name of Child Participant (if under 18) \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Parent of Child Above or Adult Participant \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**Consent To Participate**

As the Parent or Legal Guardian of the Student(s), I hereby consent to their participation in the programs offered by **Tops Gymnastics, Inc. DBA Kids Are Tops Sports Center** and to use the facilities at **Tops Gymnastics, Inc. DBA Kids Are Tops Sports Center** including the outdoor playground structures. I, the parent or legal guardian, understand the nature of the activities my child/children will be involved in at **Tops Gymnastics, Inc. DBA Kids Are Tops Sports Center**, and their experience and capabilities, and believe the minor's to be qualified, in good health, and in proper physical condition to participate in such activities.

\_\_\_\_\_ (Initial Here) I Have Read The Above and Agree.

**Consent To Use Photographs**

Photographs of students and staff may occasionally be taken for use in various informational, promotional, and advertising efforts.

\_\_\_\_\_ (Initial Here) I Have Read The Above and Agree.

**Acknowledgement of Risk**

I understand and acknowledge that by the very nature of activity, gymnastics, cheerleading, tumbling, dance, karate, trampoline, and swimming all carry a risk of physical injury. No matter how careful the students and coaches, no matter how many spotters are used, no matter how many mats provided, no matter what type of equipment is provided and no matter how many times the skill may have been performed successfully, the risk cannot be eliminated. **I UNDERSTAND AND ACCEPT THAT RISK.** I recognize that swimming or any activity in or around water can result in brain damage or drowning. I knowingly and willingly assume all such risk. Being fully aware of these dangers, I hereby give consent for my child/children.

\_\_\_\_\_ (Initial Here) I Have Read The Above and Agree.

**Release of Covenant Not to Sue**

In consideration of my child's/children's participation, I hereby release and covenant not-to-sue **Tops Gymnastics, Inc. DBA Kids Are Tops Sports Center**, the Tops Gymnastics, Inc. Board of Directors and Officers, and any of their employees, teachers, coaches, or agents, from any and all present and/or future claims resulting from ordinary negligence on the part of **Tops Gymnastics, Inc. DBA Kids Are Tops Sports Center** or others listed for property damage or personal injury arising as a result of my child's/children's participation in gymnastics, cheerleading, tumbling, dance, karate, trampoline, and swimming and other activities, or any activities incidental there to while at **Tops Gymnastics, Inc. DBA Kids Are Tops Sports Center**, wherever, whenever, or however the same may occur. This includes any/all communicable diseases/viruses and the use of the playground structures.

\_\_\_\_\_ (Initial Here) I Have Read The Above and Agree

**Indemnify For Possible Future Medical Expenses**

As the parent or legal guardian of the above named child/children, I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child/children as a result of any injury sustained while participating of any program of instruction, recreation, or competition at, for or under the direction of **Tops Gymnastics, Inc. DBA Kids Are Tops Sports Center** or for any injury sustained on the outdoor playground structures. In any event of an accident or emergency, I hereby authorize my child/children to be transported to a hospital for medical treatment and I hold **Tops Gymnastics, Inc. DBA Kids Are Tops Sports Center** and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses that may be incurred by me or my child or children as a result of any injury/communicable diseases sustained participating at or for **Tops Gymnastics, Inc. DBA Kids Are Tops Sports Center**.

\_\_\_\_\_ (Initial Here) I Have Read The Above and Agree.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Please PRINT Legal Signature

\_\_\_\_\_  
Date