**GYMagine Gymnastics Inc. Wavier**

ASSUMPTION OF RISK, WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION As legal guardian of the child listed above, hereafter, I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, birthday parties, and special events. Being fully aware of these dangers, I voluntarily consent and ACCEPT ALL RISKS associated with the participation of the aforementioned person participating, as well as myself, in any and all GYMagine Gymnastics, Inc. programs and activities including if I as a parent or guardian must enter the gym for any reason. Also, if your child requires an inhaler, I understand I am required to stay with him/her or get a doctor’s release. If any participants are injured (cast, crutches, recent stitches, etc.) they may participate by observation only, unless we have a doctor’s release. IN consideration for allowing me and my child to use these facilities, I, on my behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE GYMagine Gymnastics, Inc., its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of GYMagine Gymnastics, Inc., including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents. IN the event of an emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold GYMagine Gymnastics, Inc. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at or for GYMagine Gymnastics (GYMAGINE GYMNASTICS INC.), Inc. By attending classes, team workouts special events, private lessons, kid’s night, or birthday parties, I am granting your permission for my child to be filmed, videotaped, audiotaped or photographed by any means and are granting full use of your likeness, voice, and words without compensation. Also, by entering this facility or engaging in any way with GYMagine Gymnastics, you are aware that you agree to fully accept all known and unknown risks, including but not limited to the potential risk of exposure to respiratory illnesses such as the coronavirus (COVID-19). COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in GYMAGINE GYMNASTICS INC. programs or accessing GYMAGINE GYMNASTICS INC. facilities could increase the risk of contracting COVID-19. GYMagine Gymnastics in no way warrants that COVID-19 infection will not occur through participation in GYMAGINE GYMNASTICS INC. programs of accessing GYMAGINE GYMNASTICS INC. facilities. I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION. I VOLUNTARILY affix my name in agreement. Please Type Your Name As Proof Of Signature and Acceptance of the Terms of this Release Form:

**Parent or Guardian Facility Falling Wavier:**

All observing or participating guests participating (parent and child programs) in GYMAGINE GYMNASTICS INC. programs or accessing GYMAGINE GYMNASTICS INC. facilities to assist their students or for the purposes of photography you agree to fully accept all known and unknown risks of loss of balance and falling while walking or standing in the GYMAGINE GYMNASTICS INC. facility where surfaces matted and unmatted, even and uneven surfaces, including but not limited to the potential risk of could increase the risk of falling and sustaining an injury or even death.

I, understand the risks of losing my balance while standing or walking on matted and unmatted, even and uneven surfaces at GYMAGINE GYMNASTICS INC. facility. And on my behalf of myself our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE GYMagine Gymnastics, Inc., its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered during a fall at GYMAGINE GYMNASTICS INC., including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION. I VOLUNTARILY affix my name in agreement. Please Type Your Name As Proof Of Signature and Acceptance of the Terms of this Release Form:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_