



Waxahachie Gymnastics Center, LLC

Release of Liability and Indemnity Agreement

Participant Name: _____ Date of Birth: _____

Assumption of Risk: I am fully aware of and appreciate the risks, including catastrophic injury, paralysis, and death, as well as other injuries, damages, and losses that may result from participation in gymnastics activities and events. I further acknowledge, understand, appreciate, and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

Safety and Training Protocols: WGC employees are trained and certified through USA Gymnastics, US Center for Safe Sport, concussion education training classes, and adhere to the safety standards and protocol set forth by USAG.

Release and Indemnification: On my own behalf, and on behalf of my representatives and heirs, I hereby voluntarily agree to release, hold harmless, and indemnify Waxahachie Gymnastics Center, LLC, its officers, directors, agents, and employees (hereinafter collectively "WGC"), from any and all claims for personal injury, property damage, or wrongful death, and any damages resulting therefrom, that may arise out of, or in any way relate to, my participation in activities involving WGC and travel related to such participation.

This waiver also applies to any outside coaches, trainers, or staff who rent or utilize WGC's facility for instruction, training, or events. These individuals, along with their participants, are subject to the same release of liability and indemnification terms outlined herein.

I understand that this release is intended to discharge in advance WGC from and against any and all liability arising out of, or in any way related to, my participation in activities involving WGC, and related travel, even though liability may arise from WGC's negligence or other conduct by WGC. This agreement shall not apply to claims that, for public policy reasons, are not subject to waiver or release.

Permission to Render Emergency Aid: I, the parent or legal guardian of the above-named minor, fully understand that Waxahachie Gymnastics Center, LLC staff members are not physicians or medical practitioners of any kind. With the foregoing in mind, and if any kind of injury or illness should occur to my child while on WGC premises, I hereby authorize WGC staff members to render first aid as deemed necessary in their discretion and/or to seek medical assistance, including calling 911 or otherwise arranging for the transport of my child to an appropriate medical facility for treatment.

Additionally, I hereby authorize any trained and licensed medical professional to administer emergency medical treatment to my child should injury or illness occur in my absence. I understand that WGC will make every effort to promptly notify me of any such emergency.

I have read and understand the above Permission to Render Emergency First Aid, and I hereby give my express written consent to its provisions. I have read and understand the terms of this release of liability and indemnification agreement, and I agree to be bound by its terms.

Signatures and Emergency Contact Information

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

Emergency Contact Name: _____

Phone Number: _____