

Special Event Sign – In Sheet & Waiver

WAIVER AND CONSENT FOR MEDICAL TREATMENT:

DISCLAIMER: LET IT SHINE GYMNASTICS, INC. (LET ITSHINE) IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACITICING, TRAINING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, VAN PICK-UP SERVICE, SPECIAL EVENTS, BIRTHDAY PARTIES, DEMONSTRATIONS OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, CHEERLEADING, PRESCHOOL, TEAMS OR OTHER ACITIVITIES AT LET ITSHINE FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF LET IT SHINE, ITS OWNERS, OFFICERS AGENTS OR EMPLOYEES. In consideration of my participation, I herby release and covenant not-to-sue Let It Shine, the Let It Shine Board of Directors and officers, the Let it Shine Booster Club, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Let It Shine or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I herby voluntarily waive any and all claims resulting from ordinary negligence, both present and future. That may be made by me, my family, estate, heirs or assigns. Further, I am aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in a unique environment and, as such, they pose a risk of injury. I understand that gymnastics, cheerleading and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis brain damage and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, puts, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will not spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in the gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless acts of other participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in the activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I further agree to indemnify and hold harmless Let It Shine and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in Let It Shine activities or any activities incidental thereto, whenever, wherever, or however the same may occur. I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Tennessee and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within Williamson County, Tennessee. I do hereby grant the authority to the staff of Let It Shine to render judgment concerning medical assistance in the event of an accident, injury, or illness if they are unable to contact a parent or legal guardian and to take my child(ren) to a doctor or hospital if necessary. I further authorize simple first aid, and medical or surgical diagnosis and treatment which may be deemed necessary and wish to have my children/ward(s) activity participate at Let It Shine now and in the future. **I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Let It Shine or any person listed above.**

Parent's Signature: _____

Date: _____

Child's Name: _____

Phone: _____