



FLAMES GYMNASTICS ACADEMY INC.

Medical Consent and Release of Liability

| | | | |
|----------------------------|---------------------------------|---------------------------------|--|
| Student Name: | <input type="checkbox"/> Female | <input type="checkbox"/> Male | Date of Birth: |
| Student Name: | <input type="checkbox"/> Female | <input type="checkbox"/> Male | Date of Birth: |
| Student Name: | <input type="checkbox"/> Female | <input type="checkbox"/> Male | Date of Birth: |
| Name of Responsible Party: | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Legal Guardian <small>(Court paper needed)</small> |
| Address: | City: | State: | Phone Number: |
| Emergency Contact: | Phone Number: | | Email: |
| Medical Conditions: | | | |

As legal guardian, I understand that the sport of gymnastics involves certain inherent risks including the possibility of serious injury or death. In consideration of my participation and or my child's participation in the activities including, but not limited to: gymnastics classes, tumbling, cheerleading, trampoline, martial arts, private lessons, clinics, open gym, dance lessons, competitions, team work-outs, or any special events of Flames Gymnastics Academy Inc. I am also aware that participation in day camps involves transportation to and from various field trips and as a result I and or my child could be injured or killed in a vehicular accident. I do hereby agree to hold free from any and all liabilities, claims, damages, injuries, or losses, Flames Gymnastics Academy Inc., its respective owners, officers, employees, members, and the owner of the property where the business is being carried out and due hereby for myself, my heirs, executors, and administrators release and forever discharge all rights and claims for damages which I or my child(ren) may have or which may hereafter occur to me or my child(ren) arising out of or connected with me or my child(ren)'s participation in any of the activities of Flames Gymnastics Academy Inc. Also, any costs incurred including but not limited to: medical treatment of any type, costs for any medications, ambulance expenses, therapy of any type, costs for 'pain and suffering', liability, punitive damages, costs incurred for loss of work due to injury, or for loss of work for transporting and/or caring for myself and/or an injured child(ren), etc.

I hereby grant my consent for Flames Gymnastics Academy Inc. and any of its officers or agents to provide emergency medical care, if necessary, to myself and my child. This includes, but is not limited to: the services of a physician and/or Emergency room if considered necessary by the staff of Flames Gymnastics Academy Inc. I also agree to assume responsibility for any, and all expenses incurred for the emergency medical treatment of myself and my child(ren).

By signing this release, I understand this permission signifies that photographic or video recordings of my child(ren) may be electronically displayed via the Internet. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. Photographic, audio or video recordings may be used for ANY LEGAL USE which may include but is not limited to: Presentations, Publicity, Online/Internet Videos, Media, News (Press), Copyright Purposes, Illustration, Media, and/or Advertising.

I also hereby grant Flames Gymnastics Academy my permission to use the rights of my child(ren) image, in video or still, and of the likeness and sound of my child(ren) voice as recorded on audio or video tape without payment or any other consideration. I understand that my child(ren) image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child(ren) image or recording.

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|---|-------------------|---------------------|-------------|
| | | | |
| Signature of Parent/Legal Guardian | Print Name | Relationship | Date |

| | | | |
|-------------------|----------------|-------------|----------------|
| Trial Date: | Day: | Time: | Class: |
| Requested Day(s) | Time(s): | Monthly Fee | Pro-Rated Fee: |
| Registration Fee: | Total Payment: | | |