## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the Program run by EuroGymnastics Inc. I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity may involve risks of serious bodily injury, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risk and responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge and covenant not to sue EuroGymnastics Inc., its respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and if applicable honors and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses or damages, on my account cost or alleged to be cost in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes claim against any of the Releasees I will immediately indemnify, safe, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may occur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extend allowed by low and agree that in any portion of this agreement is held to be invalid the balance, not withstanding, shall continue in full force and effect.

	Date:
Name of Participant	
Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian



## **Registration Form**

Name of Student			
Birth date//	School	Grade	
Contact Information: Stree	t Address		
City/State	Zip Code_		
Father's Name			
Phone: Home ()	; E-mai	l:	
Emergency Contact		Phone ()	
Does this student have any physical/psychological/emotional limitations? YES NO			
If yes, please explain			
		Phone	
Name of Medical Insurance	e Carrier	Policy Number	
Class Name	Class Days	Class Time:	
Class Location:			

Please Complete Other Side (Release and Waiver)

E-mail: <u>eurogymnastics@yahoo.com</u>; <u>info@eurogymnastics.net</u>

Phone: 1 - 949-838-5453 BB; 1 - 949-933-4402 Ivanka