

**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 extent allowed by law and agree that in any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Name of Participant

Date: _____

Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Registration Form

Name of Student _____

Birth date ____/____/____ School _____ Grade _____

Street Address _____

City/State _____ Zip Code _____

Father's Name _____

Mother's Name _____

Phone: Home (____) _____; E-mail: _____

Emergency Contact _____ Phone (____) _____ - _____

Does this student have any physical/psychological/emotional limitations? YES NO

If yes, please explain _____

Name of Pediatrician _____ Phone _____

Name of Medical Insurance Carrier _____ Policy Number _____

Class Name _____ Class Days _____ Class Time: _____

Class Location: _____

Please Complete the Release and Waiver form on previous page.

Contact Information:

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