



Dakota Gymnastics Academy Drop-In Waiver

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTIONS OF RISKS AND INDEMNITY AGREEMENT

By signing this document, you will waive certain legal rights, including the right to sue.

PLEASE READ CAREFULLY, AWARENESS AND ASSUMPTIONS OF RISK. I am aware that participation in gymnastics, like in any sport, involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Dakota Gymnastics Academy, its owners, administration, coaches, volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "Dakota Gymnastics Academy and others". I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT. In consideration of Dakota Gymnastics Academy accepting my application to participate in this activity, I agree to waive any and all claims that I may have in the future against Dakota Gymnastics Academy AND OTHERS. I agree to release the Dakota Gymnastics Academy AND OTHERS from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care. I agree to hold harmless and indemnify Dakota Gymnastics Academy AND OTHERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity and agree that this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns. I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST Dakota Gymnastics Academy AND OTHERS.

Participant Information

First and Last Name _____	Male ___ Female ___
Address _____	Birthdate ___/___/___
City _____ Postal Code _____	month / day / year

Parent/Guardian Information

First and Last Name _____
Relationship _____ Phone # _____

Date: _____, 20____	Drop-In Fee: \$_____
Signature of Participant _____ (or parent/legal guardian if the participant is under the age of 18)	