

Warning: ANY ACTIVITY WHICH INVOLVES JUMPING, SPINNING OR SPINNING MOTIONS CAN RESULT IN POSSIBLE INJURY. I, UNDERSIGNED, AGREE THAT GYMNASTICS IS ONE OF THESE ACTIVITIES AND UNDERSTAND THAT BY MY CHILD PARTICIPATING; I DO SO AT HIS/HER OWN RISK, ACCEPTING FULL RESPONSIBILITY.

I fully understand that Leading Edge Gymnastics Academy staff are not physicians or medical practitioners. With this in mind, I hereby authorize Leading Edge Gymnastics Academy to render temporary first aid to my child in the event of injury. Furthermore I authorize any employee of Leading Edge Gymnastics Academy to take my child for medical / surgical attention if needed.

In addition I hereby agree to INDEMNIFY and SAVE and HOLD HARMLESS Leading Edge Gymnastics Academy, the facilities owners, their employees and agents, and each of them, from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or about the Leading Edge Gymnastic Program, for any reasons whatsoever.

By voluntarily signing this form on this, the _____ day of _____ 2017, I acknowledge that I have read, understand and agree with the above statement.

Child's Name: _____

Parent's Name: _____

Signature: _____

Email: _____

Phone _____

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