

Participant: _____
Last Name First Name

ELEANOR COLE ACADEMY OF DANCE, GYMNASTICS AND CHEERLEADING, INC.
ASSUMPTION OF RISK – WAIVER OF LIABILITY – MEDICAL AUTHORIZATION

We, the staff of the Eleanor Academy of Dance, Gymnastics and Cheerleading, Inc. (hereby referred to as the Academy), recognize our obligation to make you aware of the risks and hazards associated with the sport of dance, gymnastics and cheerleading. Any activity involving motion or height creates the possibility that participation may result in injuries which may be minor, serious or catastrophic in nature. These injuries may include muscle strains and tears, broken bones and more severe injuries such as serious neck and spinal injuries resulting in partial and/or permanent paralysis, brain damage, partial or total disability, serious injury to virtually all bones, joints, muscles and internal organs or even death. The mats, pits and other safety equipment and apparatus provided including the active participation of a coach, teacher or volunteer who will spot or assist in the performance of certain skills may be inadequate to prevent serious injury. The risk of harm may be limited by all the safety equipment and trained staff but never eliminated. All participants should be aware of the possibility of injury and parents should encourage their child/children to follow all the safety rules of the Academy and the staffs' instruction at all times.

The Academy, it's coaches and other staff members and volunteers will not accept responsibility for injuries or loss of property suffered by any person during the course of dance, gymnastics, tumbling or cheerleading instruction, or participation in open gym, or in the course of any demonstration, performance, special event, exhibition, competition or clinic in which he or she may be participating, or while traveling to and from an event or while participating in any other way in any Academy programs and/or activities in any way whatsoever.

With the above in mind and being fully aware of the risks and possibility of injury involved, I hereby give consent for myself or my child/children to participate in any and all programs and activities offered by the Academy and I ACCEPT ALL RISKS associated with this participation. These risks may be caused by the negligence of the participant or the negligence of others and there may be other risks not known to me or not reasonably foreseeable at this time. I agree to provide proper hospitalization, health accident insurance coverage, which I consider adequate for my own participation or for my child's/children's protection or guarantee payments of any medical expenses incurred as a result incurred as a result of training, performing or participation in activities at or for the Academy.

I hereby for myself or my child/children, my family, respective heirs, successors, executors, or other representatives, COVENANT NOT TO SUE and waive and FOREVER RELEASE Tracy Poti and/or Eleanor Cole Academy of Dance, Gymnastics and Cheerleading Inc., and its representatives whether paid or volunteer, jointly and separately, free and harmless from any loss, liability, damages or cost as a result of participation due to any cause whatsoever however caused or alleged to be caused, in whole or in part, including those resulting from acts of negligence. I also agree to hold harmless from any and all liability for any damage to property, or personal injury to any third party resulting from me or my child/children's participation in any Academy activity at or for the Academy.

I fully understand that the Academy staff are not physicians or medical practitioners of any kind. In any event of an injury, emergency or illness, I hereby authorize the staff to, if deemed necessary, to render first aid, seek medical help, including transportation by Academy staff or its representatives whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance should the staff deem necessary. I hold the Academy and its representatives harmless in the execution of such.

I understand and am responsible for myself or my child/children's behavior and safety while on the Academy premises including, but not limited to, parking lots, bathrooms and waiting areas and will be responsible for my child/children before or after their instruction or activity time.

I give my consent to have my child/children's photograph used for newspaper, video, trainings, public displays or media releases.

I have read and completely understand the ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and PHOTOGRAPHIC RELEASE and I voluntarily affix my name in agreement.

PARTICIPANT OR PARENT/GAURDIAN'S Signature _____ Date _____

PARTICIPANT OF PARENT/GAURDIAN'S Printed Name _____ Date _____