

**Aberdeen Gymnastics Association
WAIVER AND RELEASE OF LIABILITY**

Acknowledgment of Risk Waiver

(Participant)

I, the parent/guardian of _____ acknowledge that I take full responsibility for any permanent or temporary injuries, extensive and severe bodily injury, paralysis, dismemberment, disability, death or other casualty of any nature whatsoever, known or unknown, which may be suffered in the course of the AGA activities. I give permission for the above student to participate in all aspects of gymnastics.

I also give permission for the AGA staff to give and request medical attention if deemed necessary.

Release of Liability

In this regard, I hereby acknowledge and agree that the activities involve inherent risk of injury, and hereby assume and accept, on behalf of the Participant and anyone whom might claim by, under or through the Participant, all risk of injury to the Participant arising out of the AGA activities.

By my execution of this Waiver and Release, AGA and its employees, officers, affiliated Parks & Recreation and Central High School are hereby RELEASED AND FOREVER DISCHARGED from any and all claims, losses, liabilities, causes of action, judgments, fines, penalties, right to payment, costs and expenses incurred in connection with any type of injury arising out of the AGA activities. I understand that I am responsible for any costs incurred that is not covered by my insurance.

Insurance

Group Name _____ Policy # _____

Signature of parent/guardian

Today's Date ____/____/____

FOR OFFICE USE ONLY

Session 1

Class _____ **Time** _____ **Paid**

Session 2

Class _____ **Time** _____ **Paid**

Session 3

Class _____ **Time** _____ **Paid**

Date received in mail: _____