



STUDENT LIABILITY WAIVER AND RELEASE FORM

PARENT OR GUARDIAN, PLEASE PRINT CLEARLY:

PARTICIPANT NAME(S): _____

PARENT OR GUARDIAN NAME: _____

HOME #: _____ CELL #: _____

EMAIL: _____

PLEASE READ AND SIGN BELOW:

I fully understand that Ski And Gymnastics Academy, LLC. (SAGA) staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release the SAGA staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the SAGA staff to call and seek medical help, including transportation by a SAGA staff member or it's representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the SAGA staff deem this to be necessary.

We, the staff of SAGA recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and extreme sports. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, tumbling, cheerleading and extreme sports can be dangerous and can lead to injury, paralysis and even death. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instruction.

SAGA, LLC., its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, extreme sports, or any open workouts, or in the course of any exhibition or competition, or clinic in which he or she may participate or while traveling to or from an event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by SAGA. I, my executors, and other representatives, waive and release all rights and claims for damages that my child or I may have against SAGA and or it's representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parent's responsibility to warn the child about the dangers of the above mentioned activities and injury that could occur. The parent should warn the child according to what the parent feels is appropriate. SAGA will only warn the child through "Safety Messages" and our teaching style and progressions.

PHOTOGRAPHY: Occasionally pictures in the facility are taken for promotional purposes. I give my permission to allow SAGA, LLC, to use pictures that may be taken of my child(ren) in any flier, brochure or publication.

PARENT OR GUARDIAN SIGNATURE: _____

DATE: _____