

head over heels LLC

2024-2025 PARTICIPANT WAIVER

Participant name _____ Age _____
Participant name _____ Age _____
Participant name _____ Age _____
Participant name _____ Age _____
Participant name _____ Age _____
Participant name _____ Age _____
Participant name _____ Age _____

Parent name _____ Phone # _____
Parent name _____ Phone # _____
Emergency (alternative) contact name: _____ Phone # _____

I understand that participation in any athletic activity involves risk of injury, and that gymnastics, dance, parkour, karate, tumbling, trampoline, acrobatics, obstacle courses, open gyms, parties, transportation by vehicle, and various indoor and outdoor games and activities are no exception. By signing this form I agree that I value my family's participation and my own participation in these risky activities in spite of the fact that participation could result in injury, paralysis, and even death. I assume all risks of injury or loss to myself or my child/children arising from participation with Head Over Heels. Even if I am not present I give permission for my child to participate and to receive any necessary medical treatment. I agree that I am responsible for paying for medical treatment required by my family, and I hereby release, discharge, and agree to indemnify and hold harmless Head Over Heels LLC; Mission:Church; Miracle of America Museum, their employees, officers, landlords, relatives, or agents (the "Released Parties") from any liability, loss or damage, including but not limited to that arising from the negligence of any of the Released Parties, which may result to me or any minor child of mine. I further agree that my child or I may be photographed during activities and that such photographs may be used to publicize Head Over Heels LLC programs/activities.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____