ASSUMPTION OF RISK o WAIVER OF LIABILITY o MEDICAL AUTHORIZATION o PHOTO RELEASE

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in activities such as gymnastics, tumbling, trampoline, martial arts, dance, cheerleading, ball sports, rock climbing and swimming can result in severe injuries, permanent paralysis, brain damage, or even death. I am also aware that participation in some activities such as day camp involves transportation to and from field trips, which carries the risk of injury or death by vehicular accident.

ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE, AND FOREVER RELEASE, Queen City Gymnastics Center, Inc., dba Kids First Sports Center, Ronnie Grandison Basketball Academy, RG Basketball, each of their respective officers, directors, shareholders, employees, contractors, invitees, licensees and agents ("you") from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting from acts of negligence by you. I also waive all rights any third party may otherwise have to pursue claims against you on my behalf (including the right of subrogation). If, despite this agreement, I or any third party on my behalf makes a claim against you, I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of such claim.

In the event of an accident or emergency I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost, and will hold you harmless in your management of such accident or emergency. I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care.

I am aware that photos and videos are taken from time to time for marketing and instructional purposes and I hereby consent to their use by you.

I have read and understand this Assumption of Risk, Waiver of Liability, Medical Authorization and Photo Release.

_____ _____

Parent or Legal Guardian;s Signature Date

Child's Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Any medical conditions or allergies to which we should be alerted ?_____

Parent's Name:_____

Parent Contact Phone Number_____Cell Phone Number_____

Alternate Emergency Contact Person_____Em Ph_____