



17 Minneakoning Road
Flemington, NJ 08822
(908)782-1777

RELEASE AND WAIVER OF LIABILITY

In consideration of being allowed to participate in any way in the Gymnastics program at Shields Gymnastics, related events, activities, and all other sanctioned gym events the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to me does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe an unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE: Shields Gymnastics, its members, officials, agents, and/or employees, other participants, sanctioned events, sanctioned judges, sanctioned organizations, sponsoring agencies, sponsors advertisers, and if applicable, owners and lesser of premises used to conduct the event. (Collectively, the "Releasees") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law,
5. I, for myself and on behalf of my/ours heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of the law.

I UNDERSTAND I AM ASSUMING ALL RISKS INHERENT IN GYMNASTICS WHETHER KNOWN OR UNKNOWN, AND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP MY RIGHT TO SUE SHIELDS GYMNASTICS SCHOOL OF FLEMINGTON, INC. whether caused by negligence of said persons or entities.

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS and further agree that no oral representations, statements, of inducements apart from this agreement have been made.

I WANT MY CHILD/SELF TO PARTICIPATE IN THIS HAZARDOUS SPORT.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

Parent or Legal Guardian (signature)

Date

Parent or Legal Guardian's Name (Printed)

Address

Telephone Number (area code)

City, zip

Student #1 Start Date

Student #2 Start Date

Student #3 Start Date

Student #4 Start Date

I, X _____, hereby give Shields Gymnastics permission to treat and/or have myself or my underage child transported to the Hunterdon Medical Center should a medical emergency occur.