

# RELEASE OF LIABILITY, WAIVER OF CLAIMS ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

By signing this document you will waive certain legal rights, including the right to sue.  
**PLEASE READ CAREFULLY**

## AWARENESS AND ASSUMPTION OF RISK

I am aware that trampoline and gymnastics involves risk including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Green Mountain Gymnastics/ Green Mountain Freestyle, its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "GREEN MOUNTAIN GYMNASTICS AND OTHERS"). I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

## RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Green Mountain Gymnastics accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in the future against GREEN MOUNTAIN GYMNASTICS AND OTHERS.
2. To release GREEN MOUNTAIN GYMNASTICS AND OTHERS from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of statutory duty of care.
3. To hold harmless and indemnify GREEN MOUNTAIN GYMNASTICS AND OTHERS from any and all liability for any damage to property of, or person injury to, any third party, resulting from participation in this activity.
4. That this agreement is binding on not only myself but my next of kin, heirs, executors, administration and assigns.

## PARTICIPANT CONSENT AGREEMENT

1. I warrant that the participant named on this form is physically fit to participate in trampoline and gymnastics activities.
2. I declare that I have accurately disclosed all information regarding physical, emotional or mental conditions affecting the named participant and acknowledge that this information may be used by GREEN MOUNTAIN GYMNASTICS AND OTHERS to use in the delivery of a trampoline and gymnastics program.
3. I understand that GREEN MOUNTAIN GYMNASTICS AND OTHERS has tried to create a safe and controlled environment for participation and that the club has established rules for participation on and about the trampoline and gymnastics areas that must be followed by the participant. I understand that failure to comply with any of the policies and rules of GREEN MOUNTAIN GYMNASTICS AND OTHERS may result in the suspension or termination of membership.
4. I hereby give permission for emergency medical treatment to be administered to the names participant.
5. It is understood that whenever reasonably possible, relatives will be contacted and informed of the problem, diagnosis, treatment required and anticipated medical results.
6. I hereby, where applicable, give permission for my son or daughter (or person to whom I am the legal guardian) to participate in Green Mountain Gymnastics programs.

**I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST GREEN MOUNTAIN GYMNASTICS AND OTHERS.**

Date signed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date signed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent of Guardian (if under 18)

\_\_\_\_\_  
Signature of Applicant (if over 18)

\_\_\_\_\_  
Please print name clearly

\_\_\_\_\_  
Please print name clearly

**CONTINUE TO NEXT PAGE →**

## Participant Information

First Name	Last Name	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Address, City, State, Zip:			
<b>Phone Numbers</b>	Home:	Cell:	
Email:			

## Emergency Contact Information

Name	Home Phone	Cell Phone

**Office Use Only:**

Entered by:	<input type="checkbox"/> GMG      TT__ KNO__ OTHER_____
	<input type="checkbox"/> GMFC