

**Victory Gymnastics Events, LLC**

Athlete Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone:(\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Athlete Email: \_\_\_\_\_

Parent's Email if under 18: \_\_\_\_\_

Gymnast Level \_\_\_\_\_

Leo Size: \_\_\_\_\_

**\*Attending Bars Bonus: Friday \_\_\_\_\_ Saturday \_\_\_\_\_**

Who should Victory Gymnastics Events, LLC call in case of an emergency?

1. Name/Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

2. Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Policy# \_\_\_\_\_

**Victory Gymnastics Events, LLC  
MEDICAL RELEASE FORM**

Please tell us anything medical that we need to be aware of:

\_\_\_\_\_

Any allergies that we need to be aware of? \_\_\_\_\_

I, the parent/legal guardian of \_\_\_\_\_ give permission for the staff at Victory Gymnastics Events, LLC to give my child simple first aid or to be transported to a hospital to receive emergency medical treatment.

Signature or participant/ parent/Guardian \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (“AGREEMENT”)**

In consideration of participating in Victory Gymnastics Events Training Camp I represent that I understand the nature of this activity and that I am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions , or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releases” named below: and that there may be other risks either not known to me or not readily foreseeable at this time: and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity. I hereby release, discharge and covenant not to sue Victory Gymnastics Events, LLC its respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers and if applicable owners and lessors of premises on which the activity takes place, ( each considered one of the “Releases” herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releases” or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability , and assumption of risk, I or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save and hold harmless each of the Releases from any loss, liability, damage or cost which may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK , AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I fully understand that during a private lesson the instructor is acting on their own and not as an employee or representative of Victory Gymnastics Events, LLC.

I also give permission for Victory Gymnastics Events, LLC to use images of my child for marketing purposes and for program development.

\_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of participant

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian if participant is under 18