

- 7) I understand that such injuries could result in severe economic and social losses or damages.
- 8) I understand that despite the use of mats, pits, and other safety equipment and the active participation or supervision of a coach or teacher, such injuries will **NEVER** be eliminated from participation in gymnastics.
- 9) With full understanding of the above, I agree that I am voluntarily participating in this activity with the knowledge of the risks involved and hereby freely and expressly agree to accept any and all risks. I hereby release and covenant not to sue FGC, Inc. for any personal injury or wrongful death arising out of participation in its gymnastics activities however caused and whether caused in whole or in part by negligence attributable to FGC, Inc. I hereby voluntarily waive any and all claims, both present and future, made by me, my family, estate, heirs, or assigns.

B. MEDICAL AUTHORIZATION 1) I hereby grant authority to the staff of FGC, Inc. to make decisions concerning medical assistance or hospital care for the gymnast named in the event of an accident or illness during my absence.

2) I agree to pay all fees and charges resulting from medical assistance or hospital care accessed by FGC, Inc. for the gymnast named in the event of an accident or illness during my absence.

C. LOSS OF PROPERTY 1) FGC, Inc. is not responsible for any injury or loss of property, to any person while participating in gymnastics activities for any reason whatsoever, including ordinary negligence on the part of FGC, Inc., its owners, employees, officers, contractors, agents, or other participants.

D. ADVERTISING AUTHORIZATION 1) I hereby authorize FGC, Inc. to use photographs for any purpose of publicity, illustration, commercial art, or in the advertising of any service or product of FGC, Inc.

E. INTERPRETATION, INDEMNITY AND CONSENT 1) I understand that this Waiver Consent and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Michigan, and agree that if any portion is held invalid, the remainder of the Waiver Consent and Indemnity Agreement will continue in full force and effect.

2) I agree to indemnify and hold harmless FGC, Inc. and all others listed for any and all claims arising as a result of participation in gymnastics activities, or any activities incidental thereto, wherever, whenever, and however the same may occur.

3) I affirm that I have read and fully understood this Waiver Consent and Indemnity Agreement, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me, and intend my signature to indicate consent to complete and unconditional release of all liability to the greatest extent allowed by law.

F. MEDICAL HISTORY 1) Does/do the participant(s) have any medical condition, **RECENT CONCUSSION**, that would preclude or limit participation in our program ? **If YES**, please explain:

PARENTS: At **NO TIME** are **ADULTS ALLOWED IN THE GYM**. Unless, the instructor asks for parental help - i.e. (Parent & Tot class, Birthday Parties, etc...). If the instructor **ALLOWS** parents into the gym, please make sure **ALL SHOES are OFF before entering the gym**. **ALSO, ADULTS ARE NEVER ALLOWED ON THE EQUIPMENT AND PLEASE NO FOOD OR DRINK IN THE GYM**. THE GYM HAS MATTING AND SOFT AREAS, THERE ARE A LOT OF **UNEVEN SURFACES PLEASE WATCH YOUR STEP !**

FGC follows the State of Michigan Concussion Law – for information please read our posters in our lobby or visit:

(http://www.michigan.gov/mdch/0,4612,7-132-54783_63943---,00.html) or (<http://www.cdc.gov/headsup/>) for more information.

If you suspect a concussion injury – seek medical help immediately.

I execute this **WAIVER OF LIABILITY, CONSENT FOR MEDICAL TREATMENT, ACKNOWLEDGEMENT OF THE MICHIGAN CONCUSSION LAW, AND INDEMNITY AGREEMENT** and agree to its terms on behalf of **MYSELF** and on behalf of the **CHILD / CHILDREN** named above.

Parent or Guardian's Signature _____ Date: _____

Parent or Guardian's Signature _____ Date: _____