

# ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION ADULT

I desire to voluntarily participate in programs and activities of Red Cedar Gymnastics, LLC ("Red Cedar"). I represent to Red Cedar that I am in good health and good physical condition to participate in such programs and activities. I recognize that severe injuries, including permanent paralysis or death can occur in programs or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. I am also aware that my participation in day camps may involve transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. I acknowledge 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 injuries, losses, and damages I incur as a result of my participation in Red Cedar programs and activities. Being fully aware of these potential risks of injury, loss, and damage, I hereby accept all risks and costs associated with my participation in Red Cedar programs and activities.

In consideration for my participation, I hereby, for myself and my respective heirs and successors, covenant not to sue and forever release Red Cedar, its officers, directors, shareholders, employees, contractors, volunteers, and program participants ("Releasee(s)") from all liability, claims, demands, losses, or damages on my account, caused or purported to be caused, in whole or in part, by the negligence of any Releasee. I further agree that if I make a claim against any Releasee that is within the scope of this release, I will reimburse such Releasee for any cost and expense incurred (including court costs and reasonable attorney fees) in the defense of such claim.

In the event of an accident or emergency, I hereby authorize my transportation to a hospital or urgent care facility for medical treatment, and I hold all Releasees harmless for any activities related to such transportation. I hereby specifically agree to be responsible for all medical expenses that I may incur while participating in programs and activities of Red Cedar.

I hereby grant Red Cedar permission to use my likeness (via photograph, video, or other media) in any of its publications and in any other media, whether now known or hereafter existing, in perpetuity, and for any other use by Red Cedar. I will make no monetary or other claim against Red Cedar for the use of my likeness.

I have read this release and fully understand its contents. I am aware this is a release of liability and a contract between Red Cedar and me and sign it of my own free will.

Printed Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell/Alternative Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_