

ASSUMPTION OF RISK • WAIVER OF LIABILITY • MEDICAL AUTHORIZATION MINOR CHILD

I represent that I am the parent or legal guardian of _____ (my "Minor Child"), who desires to voluntarily participate in programs and activities of Red Cedar Gymnastics, LLC ("Red Cedar"), and I hereby consent for him or her to participate in any such programs and activities. I represent to Red Cedar that my Minor Child is 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 the participation of my Minor Child 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 my Minor Child or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for injuries, losses, and damages he or she incurs as a result of his or her participation in Red Cedar programs and activities. Being fully aware of these potential risks of injury, loss, and damage, I hereby, on behalf of my Minor Child accept all risks and costs associated with his or her participation in Red Cedar programs and activities.

In consideration for the participation of my Minor Child, I hereby, for myself, my Minor Child and my/his/her 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 Minor Child's account, caused or purported to be caused, in whole or in part, by the negligence of any Releasee. I further agree that if I (or any other parent or legal guardian of my Minor Child) 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 the transportation of my Minor Child 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 my Minor Child may incur while participating in programs and activities of Red Cedar.

I hereby grant Red Cedar permission to use my Minor Child's 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 Minor Child's likeness.

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

Print Name of Minor Child _____ Date of Birth _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Alternative Phone: _____

Email Address: _____

Printed Name of Parent/Legal Guardian _____

Parent/Legal Guardian Signature _____ Date _____

*Note that if my Minor Child turns 18 during his or her participation in certain programs or activities, he or she must voluntarily consent to participate by signing the adult release form before he or she can further participate in such programs or activities.