

**ASSUMPTION OF RISK, WAIVER OF LIABILITY,  
MEDICAL AUTHORIZATION**

As Legal Guardian of \_\_\_\_\_ (child), I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, and cheerleading. Being fully aware of these dangers, **I voluntarily consent to the aforementioned person participating in any Heartland Gymnastics programs and activities and I Accept ALL RISKS associated with that participation.**

**In consideration for allowing my child to use the facility, I on my own behalf and the behalf of my child an our respective heirs, administrators, executors and successors, hereby covenant NOT TO SUE and FOREVER RELEASE Heartland Gymnastics, its officers, directors, or employees.**

**IN THE EVENT OF AN EMERGENCY**, I would like my above mentioned child to be taken to a hospital for medical treatment and **I HOLD Heartland Gymnastics, and its representatives harmless in their execution of the this action.** Additionally, I hereby agree to individually provide for all possible future medical expense which may be incurred by my child as a result of any injury sustained while participating at Heartland Gymnastics.

I HAVE READ AND UNDERSTAND THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

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PARENT OR LEGAL GUARDIAN'S SIGNATURE

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DATE

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Phone Number

Cell Phone

Alternate Phone