

Gryphon Gymnastics Waiver, Release, Acknowledgement of Risks, and Indemnification Agreement

I, _____, as the parent and/or legal guardian of _____ (name of child), understand and acknowledge that there are substantial risks associated with the activities offered at or sponsored by Gryphon Gymnastics, including various risks of physical injury. To the fullest extent permissible under the law I hereby WAIVE and RELEASE Gryphon Gymnastics and/or its members, officers, employees or representatives from all claims of liability, including personal injury, death, or damage to property, known and unknown, in law or equity, for physical or other injury that the above named child may suffer as a result of any activities in which he/she may participate and which occur at or are sponsored or participated in by Gryphon Gymnastics. I further agree to fully DEFEND, INDEMNIFY, FOREVER DISCHARGE and HOLD HARMLESS Gryphon Gymnastics from liability for any such claims.

I certify that the above-named child is physically able to undergo rigorous physical activity. I further certify that I have explained to him/her the risks of the activities in which he/she will be participating, and the importance of observing all of the rules and regulations of Gryphon Gymnastics and the directions of its employees. I further certify that I have read or will read to the above-named child the Gryphon Gymnastics rules posted in the entry area. I understand that Gryphon Gymnastics relies upon these certifications as a condition of permitting the above-named child to participate in any activities.

The following is a complete list of any special needs, behavioral conditions, or physical limitations said child may have:

This waiver, release and indemnification shall remain in full force and effect, even after the cessation of any activities related to Gryphon Gymnastics, represents the entire agreement between the parties and may not be modified except in writing signed by each of the parties.

Medical Release

I hereby authorize Gryphon Gymnastics, including any of its instructors or other authorized employees, to provide first aid in the event of injury.

I confirm that the above-named student is in good health, and has no known physical impairments that would cause harm to the student by participating in any Gryphon Gymnastics program, and has not been advised by any healthcare provider to refrain from physical activity.

Preferred doctor: _____ Telephone No.: _____

Preferred hospital: _____ Telephone No.: _____

Preferred dentist: _____ Telephone No.: _____

I understand that there may not be time to contact my preferred doctor/hospital/dentist, and in that event, I give authority to any emergency unit, hospital or doctor to render immediate aid as might be required for the treatment of the above-named student.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for both my child's protection and my own protection.

Photo/Video/Social Media Release

I am aware that individual and group publicity photos and videos are taken and used for marketing purposes, and I hereby grant my permission for my child's likeness to be used for such purposes. I agree to notify Gryphon Gymnastics immediately if I do not give permission for my child's likeness to be used.

Communicable Diseases including COVID-19

I agree that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death nonetheless does exist;

2. On behalf of myself and my family, including minor children, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for our participation;

3. I willingly agree to comply with the facility's terms and conditions for participation in activities as regards protection against infectious diseases and to assure that any minor children of mine who participate in such activities comply with those terms and conditions . If, however, I observe any unusual or significant hazard during my or my children's presence or participation, I will remove myself and them from participation and bring such to the attention of the nearest official immediately; and

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, AGREE TO FULLY INDEMNIFY AND HOLD HARMLESS Gryphon Gymnastics, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the events ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE ALLEGED NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY, INDEMNIFICATION AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I FURTHER ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO SEEK INDEPENDENT LEGAL ADVICE WITH RESPECT TO THIS AGREEMENT.

Verification and Authorization As legal parent, guardian or responsible party of this student, I hereby verify by my signature below that I accept the conditions contained herein; and furthermore, I permit the above-named child to participate in the events provided by Gryphon Gymnastics.

The undersigned asserts that he/she has read and fully understands all the information contained herein.

WITNESS the following signatures:

Parent/Guardian Name: _____ (print) Date: _____

Signature: _____

Child's Name (print): _____

Telephone Number: _____

Address: _____
