

**OPEN GYM**  
**WAIVER & RELEASE OF LIABILITY** page 1 of 2

**PERMISSION & SIGNATURES**

Participant(s) Name(s) [1<sup>st</sup> & last]: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

By signing below: **(1)** I give permission for my son(s)/daughter(s) listed above and/or myself to participate IN THE OPEN GYM at Arizona Olympian Gymnastics LLC located at 22608 S. Gilbert Road in Chandler, Arizona; **(2)** I ACTIVATE the medical release detailed on page 2 of this form. **(3)** I also acknowledge that I have read the **WAIVER & RELEASE OF LIABILITY** statement and agree to its terms as a condition of participation. These waivers & releases are effective for as long as the above listed individuals attend an open gym activity and have NO EXPIRATION.

\_\_\_\_\_  
Date                      Parent's Signature:                      Parent's Printed Name                      Phone

**WAIVER AND RELEASE OF LIABILITY**  
**(required for OPEN GYM participation)**

**I hereby release and covenant not-to-sue** Arizona Olympian Gymnastics, LLC, it's officers and/or owners, and any of their employees, staff members, contractors, landlords, or agents, the Arizona Olympian Booster Club Association and/or its members and/or officers, **from any and all present and future claims resulting from ordinary negligence on the part of Arizona Olympian Gymnastics, LLC or others listed** for property damage, personal injury, or wrongful death, arising as a result of engaging or receiving instruction in gymnastics, tumbling, or any other OPEN GYM activities incidental thereto, wherever, whenever, or however the same may occur. **I hereby voluntarily waive any and all claims resulting from ordinary negligence**, both present and future, that may be made by me, my family, estate, heirs, agents, representatives, or assigns .

Further, I understand that OPEN GYM activities involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that mats, pits, and other safety equipment and apparatus provided for protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. I am voluntarily allowing my child(ren) and/or myself to participate in this activity with knowledge of the risks involved and hereby agree to accept full responsibility as well as any and all inherent risks of property damage, personal injury, or death.

I understand that Az Olympian Gymnastics is located on a county island and that the calling of 911 or any other emergency service in my family's behalf will be AT MY OWN FINANCIAL EXPENSE.

I understand, that as an ADULT PARTICIPANT, **I participate at MY OWN RISK** fully knowing that I will not be covered under any insurances held by the above listed entities. In so doing, I release and waive Az Olympian Gymnastics, LLC and the above listed entities of ANY liability connected with my participation.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Arizona and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Arizona.

**MEDICAL RELEASE**

Should my child(ren) and/or I become ill or injured while participating in OPEN GYM at Arizona Olympian Gymnastics LLC, I give permission and hereby grant the authority for Arizona Olympian Gymnastics LLC staff members, agents, OR Open Gym chaperones/volunteers, to

- (1) render first-aid treatment AND/OR emergency care to my child(ren) and/or myself
- (2) obtain the emergency and/or medical attention they may deem necessary.

I further authorize the above designated to execute that consent required in connection with such advice, care, or treatment of my child(ren) and/or myself. I hereby release said persons from and agree to indemnify them against any liability, including financial expenses, arising out of the exercise of the authority hereby granted.

I understand that Az Olympian Gymnastics is located on a county island and that the calling of 911 or any other emergency service in my family's behalf will be AT MY OWN FINANCIAL EXPENSE.