

Assumption of Risk, Waiver of Liability, and Authorization

Name of participant: _____

I, as legal guardian of the participant listed above (hereinafter "Person"), [and/or] [I on my own behalf] recognize that injuries, including potentially severe and/or catastrophic injuries, can occur in sports and/or activities involving height and/or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and other such activities. Being fully aware of these dangers, I voluntarily consent [to the aforementioned Person participating in] [and/or] [I hereby consent to my own participation in] any and all ROGA gymnastics classes, programs, camps, birthday parties and activities and I ACCEPT ALL RISKS associated with that participation.

I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing [said Person] [and/or] [me] to use these facilities, I, on my own behalf [and on the behalf of said Person] and on behalf of [our] [or] [my] respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and DO FOREVER RELEASE ROGA, its officers, directors, members, coaches, employees, independent contractors, and/or agents from all liability for any and all damages and/or injuries suffered by [said Person] [and/or] [me] while under the instruction, supervision, and/or control of ROGA and/or while on its premises, including, without limitation, any damages and/or injuries resulting from acts of negligence on the part of its officers, directors, members, coaches, employees, independent contractors and/or agents.

In case of medical emergency, I hereby give my consent to Rochester Area Gymnastics Academy of Minnesota, LLC. (ROGA) to provide customary medical attention, emergency medical services and transportation as deemed necessary for the care and protection of [said Person] [and/or] [me] while participating in ROGA classes, programs, camps, birthday parties and activities.

Consent to Photograph and Media Release: I understand that as a part of taking classes, programs, camps, and/or participating in activities at ROGA, [said Person's name] and/or likeness [and/or] [my name and/or likeness] including photos and videos may be used in the gym, on the website, on social media, released to the media and/or otherwise published for any purposes in connection with the activities of the gym and I do hereby consent to said use.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

Printed Name: _____ Signature: _____ Date: _____

Phone number: _____ Email: _____