

BROADWAY GYMNASTIC SCHOOL, INC. Waiver and Release Form

I fully understand that Broadway Gymnastic School, Inc. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Broadway Gymnastic School, Inc. staff to render temporary first aid to my child or children in the event of any injury or illness and if deemed necessary by Broadway Gymnastic School, Inc. staff to call our doctor and to seek medical help, including transportation by a Broadway Gymnastic School, Inc. staff member or its representative, whether paid or volunteer, to any health care facility or hospital or the calling of an ambulance for said child should the Broadway Gymnastic School, Inc. staff deem this to be necessary. We, the staff of Broadway Gymnastic School, Inc. recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, tumbling and cheerleading can be dangerous and can lead to injury!

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Broadway Gymnastic School, Inc., and its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance or cheerleading instruction, birthday parties, or open workouts, or in the course of any exhibition, competition or clinic in which he or she may participate or while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Broadway Gymnastic School, Inc. I, my executors or other representative, waive and release all rights and claims for damages that I, or my child may have against Broadway Gymnastic School, Inc., staff, Mary and Michael Cates as individuals, and/or its representatives whether paid or volunteer. 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.

I also understand that it is the parents' responsibility to warn the child about the danger of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Broadway Gymnastic School, Inc. will only warn the child through "Safety Messages" and our teaching style and progressions.

Parent/Guardian Signature _____ Date ____ / ____ / ____.