**FAMILY LAST NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
2024 RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (**“**AGREEMENT**”**)**In consideration of participating in gymnastics I represent that I understand the nature of this activity and that I am qualified, in  
good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are  
unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily  
injury, including permanent disability, paralysis, and even death, which may be caused by my own actions or inactions, those of  
others participating in the activity, the conditions in which the event takes place, or the negligence of the ‘released names below’;  
and that there may be other risks either not known to me or not readily foreseeable at the time; and I fully accept and assume all  
such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.  
I hereby release, discharge, and covenant not to sue Laketown Gymnastics, its respective administrators, directors, agents,  
officers, volunteers, employees, any sponsors, advertisers, and if applicable, owners and lessors of the premises on which the  
activity takes place, (each considered one of the ‘released’ here in) from all liability, claims, demands, losses, or damages, on my  
account caused or allowed to be caused in whole or in part by the negligence of the released or otherwise, including negligent  
rescue operations and future agree that if, despite the release waiver of liability and assumption of risk, I or anyone on my behalf  
makes a claim against and of the released, I will indemnify, save, and hold harmless each of the ‘released’ from any loss, liability,  
damage, or cost which may incur as a result of such claim. **I am also releasing all liability and will not hold Laketown  
Gymnastics responsible should my child(ren) come into contact with, have symptoms of, or test positive for COVID-19.**

I have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**, I understand that I  
have given up substantial rights by signing and have signed it freely, and without inducement or assurance of any nature, and  
intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any  
portion of this agreement is held to be invalid the balance of notwithstanding, shall continue in full force.

**USE OF PHOTOGRAPHY, VIDEO, AND SOCIAL MEDIA**I expressly grant Laketown Gymnastics and any third party authorized by Laketown Gymnastics the right to film, videotape, photograph, record the voice of, and make any reproduction of the athlete’s physical likeness and voice and the irrevocable right in perpetuity to use, display, and digitally enhance or alter in any manner such likeliness in any media now known or hereafter devised, including but not limited to the following: social media such as Facebook and Instagram, the exhibition and/or online use, broadcast, theatrically, or on television, cable, radio, or any motion picture film video tape, DVD, CD, or any published articles in which such likeliness may be printed, used, or incorporated, and in the advertising, exploiting, and publicizing of Laketown Gymnastics  
and our products.

**PARENTAL CONSENT**And I, the minor’s parent or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, and covenant not to sue and AGREE TO INDEMNIFY, SAVE, AND HOLD HARMLESS each of the releases, from all liability, claims, demands, losses, or damages on the minor’s account including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor’s behalf makes a claim against any of the above released, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the release from any litigation expenses, attorney fees, loss, liability, damage, or cost any release may incur as a result of any such claim.

This release covers any and all minors in the household YES OR NO  
Please circle below. If ‘other’ please explain.  
I am the 1) Parent; 2) Legal Guardian; or 3) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the minors listed below.

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PARTICIPANT’S NAME DATE OF BIRTH PARENT’S NAME PHONE NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT’S NAME DATE OF BIRTH STREET ADDRESS CITY ZIP CODE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT’S NAME DATE OF BIRTH EMAIL ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE

\_\_\_\_\_/\_\_\_\_\_\_/ 2024 DATE