

NPG Birthday Party Waiver

ASSUMPTION OF RISK* WAIVER OF LIABILITY* PHOTO RELEASE* MEDICAL AUTHORIZATION

As a legal guardian of _____ and/or _____ hereafter referred to as child, I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, and trampoline. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Northern Pacific Gymnastics programs and activities and I ACCEPT ALL RISKS associated with this participation.

1. In consideration for me or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors. PROMISE NOT TO SUE and FOREVER RELEASE Northern Pacific Gymnastics, Studio M Dance Company, its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation.

2. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in Northern Pacific Gymnastics publicity or advertising.

3. In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Northern Pacific Gymnastics and its representative harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Northern Pacific Gymnastics.

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

Parent/ Legal Guardian's Signature _____ Date: _____

Print First and Last Name: _____

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