

## 4 Season Gymnastics Waiver & Release of Liability Agreement

4 Season Gymnastics • 801 N. Logan Blvd., Altoona, PA 16602  
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**DISCLAIMER:** 4 Season Gymnastics is not responsible for any injury (or loss of property) to any person while practicing, training, taking class, competing, participating in open gym, special events, demonstrations or shows, or in any other way involved in gymnastics, cheerleading, or teams (the “activity”) at 4 Season Gymnastics for any reason whatsoever, including ordinary negligence on the part of 4 Season Gymnastics, its members, managers, agents, or employees.

**CONSENT:** I consent to my/minor’s participation in the activity and acknowledge that I fully understand my/minor’s participation may involve risk of serious injury, illness, or death, including losses which may result not only from my/minor’s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the activity is being conducted, and/or the rules of play of this type of activity. I understand that if I have any risk concerns, I shall discuss them completely with the staff before I sign this agreement and before my/minor’s participation in the activity begins.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness, and death, resulting from my/minor’s participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my/minor’s participation in the activity.

**WAIVER:** In consideration for my/minor’s participation in the activity, I hereby waive all claims or causes of action, including ordinary negligence, against 4 Season Gymnastics, its managers and members, and any of their employees, teachers, coaches, or agents, arising out of my/minor’s participation in the activity wherever, whenever or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Pennsylvania 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 Pennsylvania.

I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me/minor for the ordinary negligence of 4 Season Gymnastics or any person listed above.

**PHOTO & VIDEO RELEASE:** I grant consent for my/minor’s picture to be taken or to be filmed while participating in activities at 4 Season Gymnastics. I authorize 4 Season Gymnastics to use and publish images, photographs, pictures, portraits, and audio, video and/or film footage of me/minor in all forms of media and in all manner for publication including, but not limited to, advertising and marketing campaigns, press releases, periodicals, and website use. I hereby waive any right I may have to review, inspect, edit or approve such publication and I release 4 Season Gymnastics from any claims I may have against it for use of such images, photographs, pictures, portraits, and audio, video and/or film footage of me.

I affirm that I am of legal age and am freely signing this agreement.

Parent/Guardian Signature:  
(Participant Signature if over 18) \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name (first and last): \_\_\_\_\_

Participant DOB: \_\_\_\_\_ [ ]M [ ]F Class: \_\_\_\_\_

Parent/Guardian Name (first and last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_