

# Please read before signing

## AGREEMENT:

- 1. Eligibility:** I agree to comply with the rules at All American Gymnastics.
- 2. Readiness to participate:** I will only participate in those All American sessions, events, competitions and activities for which I believe I am physically and psychologically prepared.
- 3. Medical Attention:** I hereby give my consent to All American and/or the Host organization to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted during my participation. Your insurance is the primary insurance. Once benefits have been exhausted you can file a claim but there is a **\$250.00** deductible on our insurance and it is the parents/guardian's responsibility).
- 4. Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with the participation in gymnastics activities and events. I further agree that All American and the sponsor of any All-American event, along with the employees, agents, officers and directors of these organizations shall not be liable for any losses of personal items or damages occurring because of my participation in the event. As legal parent/guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in sessions, events, competitions, and activities conducted All American Gymnastics.

**Athletes Name: (Please Print)** 1. \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

2. \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Parent Printed Name:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parents Cell Phone #**

**E-Mail Address:**