

Release and Waiver Form

Team Name : Charlotte Rhythmic Gymnastics

Athlete :Minor's Name /Date of Birth /Age

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Address City State Zip Code

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Parent Name /Phone Number

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I, \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_, a Minor, hereby grant the permission necessary to allow Minor to participate in the above event held by Sport Plus Academy. I acknowledge and agree, in my own behalf and on behalf of the Minor, that rhythmic gymnastic subjects Minors to the possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in this event. In the event of illness or injury, I authorize Sport Plus Academy to obtain necessary medical treatment for the Minor and hereby, in my own behalf, and on behalf of the Minor, release and hold harmless Sport Plus Academy the hosting site, on whose premises the event will occur, all employees, volunteers, athletics trainers, and directors of Sport Plus Academy. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Event and while traveling to and from the site for the Event whether or not the event actually occurs.

I, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless Release from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including without limitations, attorney's fee and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury that the Minor may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss of any further claims, demands or actions that may subsequently be brought by Minor or any other person or persons on account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, damages or costs Releasees may have to pay as a result of any such action, claim or demand.

Appearance Agreement: I understand that Sport Plus Academy from time to time produces promotional material relating to its program. I understand as a participant or a spectator at the Event the Minor may be included in videotapes or photographs during the Event. I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to Sport Plus Academy the exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs of the Minor in advertising and promoting the Event or in advertising and promoting future events.

I represent that any medication to which Minor is allergic or is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Event and that he/she shall consume the prescribed dosage.

Medications (if any): \_\_\_\_\_

Allergic to (if any): \_\_\_\_\_

I, in my own behalf and on behalf of the Minor, hereby warrant that I have read this Release and Waiver in its entirety and fully understand its content. I, in my own behalf and on behalf of the Minor, am aware that this Release and Waiver releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Minor, further acknowledge that nothing in this Release and Waiver constitutes a guarantee that the Event will occur. I, in my own behalf and on behalf of the Minor, have signed this document voluntarily and of my own free will.

**Parent & Athlete Code of Conduct:** It is the goal of Sport Plus Academy and Charlotte Rhythmic Team to provide a safe, fun and enjoyable environment for our children to learn gymnastics skills and compete. It should be the primary objective of Coaches, Sport Plus Academy and Charlotte Rhythmic Team Staff, and Parents to ensure that this goal is achieved. Verbal abuse of any athlete, Sport Plus Academy and Charlotte Rhythmic Team Staff, judge, or fan shall be grounds for a warning, team disqualification, or ejection from the facility with no refund. By signing this I agree to abide by these conditions as set forth within.

Signature of Parent of Legal Guardian \_\_\_\_\_

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