



LIC GYMNASTICS WAIVER

Voluntary Participation

I, _____ (name of Participant), acknowledge that I have voluntarily elected to participate in LIC Gymnastics classes, routines, and exercises operated by LIC Gymnastics LLC and its owners, employees, representatives and/or affiliates. _____ (Initial)

Assuming All Risks

I AM AWARE THAT PARTICIPATION IN THE CLASSES, ROUTINES, AND EXERCISES WILL REQUIRE ME TO ENGAGE IN MANY VIGOROUS PHYSICAL ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE THAT THERE ARE POSSIBLE RISKS INVOLVED INCLUDING SERIOUS INJURY AND EVEN DEATH. I HEREBY ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION AND AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AND/OR DEATH AS A RESULT OF MY PARTICIPATION IN THESE ROUTINES AND EXERCISES. _____ (Initial)

Participation without Supervision

I AM AWARE THAT THE ROUTINES, EXERCISES, AND MOVEMENTS TAUGHT BY LIC GYMNASTICS ARE BASED ON THE TECHNIQUES UTILIZED IN GYMNASTICS AND ARE INTENDED TO BE PERFORMED ONLY WHILE UNDER THE STRICT SUPERVISION OF A TRAINED PROFESSIONAL. I HEREBY ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO MY PRACTICE OF SAID ROUTINES, EXERCISES, AND MOVEMENTS IF I CHOOSE TO PERFORM OR PRACTICE SAID ROUTINES AND/OR EXERCISES AND/OR MOVEMENTS OUTSIDE OF CLASS, WHETHER OR NOT I AM UNDER SAID SUPERVISION, INCLUDING, BUT NOT LIMITED TO, ANY ROUTINE, EXERCISE, OR MOVEMENT SIMILAR TO OR ASSOCIATED WITH GYMNASTICS, OR ANYTHING TAUGHT OR ADVOCATED BY LIC GYMNASTICS. _____ (Initial)

Name, Likeness, Photographs

I grant permission to LIC Gymnastics LLC to use my name, likeness, and photograph for the purpose of publicity, public relations, editorial, or other advertising purposes without restriction as to frequency or duration. _____ (Initial)

Acknowledgement of Waiver

I HAVE CAREFULLY READ THIS AGREEMENT BEFORE EXECUTING IT AND ACKNOWLEDGE THAT I AM SIGNING THIS AGREEMENT VOLUNTARILY AND WITH THE FULL INTENT OF RELEASING LIC GYMNASTICS LLC FROM ANY AND ALL CLAIMS ARISING AS A RESULT OF MY PARTICIPATION IN THE CLASSES, ROUTINES, EXERCISES, SUMMER CAMPS, BIRTHDAY PARTIES AND PARTICIPATION AT LIC GYMNASTICS LLC. _____ (Initial)

Print Name of Participant

Signature of Participant or Legal Guardian

Date Executed

Questionnaire

How did you hear about LIC Gymnastics?

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Google Ads | <input type="checkbox"/> Homeschool Group | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Craigslist | <input type="checkbox"/> Preschool | <input type="checkbox"/> Family (who) _____ |
| <input type="checkbox"/> ABC News | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Flyers (where) _____ |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Parkour Community | <input type="checkbox"/> Friends (who) _____ |