

**RELEASE and WAIVER OF LIABILITY,**

**ASSUMPTION OF RISK, and INDEMNITY AGREEMENT**

**(Adult)**

 Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Postal Code

 Emergency Emergency

 Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGMENT of RISK and WAIVER of LIABILITY**

In consideration of participating in any Activity at **Revolution Gymnastics and Sports Centre Inc.**, represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe,

I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releases” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue **Revolution Gymnastics and Sports Centre Inc**., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the ‘RELEASES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in party by the negligence of the “releases or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect

Printed Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant or Guardian if under 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Adult Class Rules:**

*Signing this document, you agree to all the terms and conditions set out herein.*

I agree to follow class rules as set out by Revolution Gymnastics and Sprots Centre Inc. and its affiliates.

I understand that if I would like to try an advanced skill that I need to successfully demonstrate the pre-requisite skill to the supervising coach. Pre-requisites will be defined on a case by case basis.

I agree to follow rotations with the group, and will not move to an area of the gym or use a pieced of equipment without the consent of the supervising coach.

I agree to refrain from using inappropriate/fowl language during gym time

I agree to be respectful to all persons withing the entire vicinity of Revolution Gymnastics. This includes respecting differences of gender/ability/race

Bodily contact with any other person during gym time is strictly prohibited. If spotting is required at any time, only a trained staff member may do so.

Signature of Participant or Guardian in under 18: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_