



100 W Higgins Road Suite K-1
South Barrington IL 60010

Phone: 847-428-3200
Website: www.mymegagym.com

Midwest Elite Gymnastics Academy Waiver and Release Form

Student Name: _____ Birthdate: _____
(please print) First Name Last Name

I fully understand that Midwest Elite Gymnastics Academy, Inc. (hereinafter called "MEGA") staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby authorize MEGA staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by a MEGA staff member to call our doctor and seek medical help, including transportation by a MEGA staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the MEGA staff deem this to be necessary.

I fully understand that training and participation in the sport of gymnastics, trampoline, tumbling, cheerleading, dance and related activities (collectively hereinafter referred to as "MEGA Activities") can result in various injuries, some minor and some serious or catastrophic in nature. I recognize that by allowing my child to participate in MEGA Activities, I am assuming, on behalf of my child, the risk of such injuries. I further agree to assume the responsibility to advise my child of such risks, and to instruct my child to at all times follow the rules and regulations, and the instructions of the MEGA staff.

I also understand that the training and participation in MEGA Activities is rigorous and accordingly agree not to allow my child to train or participate in any of the MEGA Activities if my child has any medical condition, including, without limitation, any disability, impairment or ailment which may jeopardize my child's health or safety by participating in MEGA Activities. It is my responsibility, on behalf of my child, to consult with our family physician to determine if any of these medical conditions exist and, if so, whether such condition poses a direct threat to my child's health or safety. I acknowledge that the MEGA staff has no particular expertise in diagnosing, examining or treating any such medical conditions.

I agree that if I allow my child to participate in any MEGA Activities, I am doing so at my sole risk. This includes, without limitation, my child's use of any weights, machines, equipment or facilities, and my child's participation in any MEGA Activity. I agree that my child is voluntarily participating in these activities and using the MEGA facilities and equipment in this regard, and assume all risk of injury, illness, damage or loss that might result in connection with participation in MEGA Activities. I agree on behalf of myself, my child, and our respective representatives, heirs, executors, administrators, agents and assigns to release and discharge MEGA, its shareholders, directors, officers, employees, agents, representatives, volunteers, successors and assigns from any and all claims or causes of action (known or unknown) arising out of participation in MEGA Activities, and whether such injuries result directly or indirectly from any negligence or alleged negligence on behalf of MEGA. This Waiver and Release of liability includes, without limitation, injuries which may occur as a result of (a) your child's use of any MEGA equipment or facilities which may malfunction or break, or may have design defects, or (b) improper set-up or maintenance of any MEGA exercise equipment or Facilities, (c) any negligent instruction or supervision by any MEGA staff member, (d) your child's slipping or falling while in the MEGA facility or on the MEGA premises, or (e) your child's incurring any injury in any other manner as a result of participating in MEGA Activities. **By signing this form you acknowledge that you have carefully read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right you may have to bring a legal action to assert a claim against MEGA, including its respective shareholders, directors, officers, employees, agents, representative volunteers, successors and assigns for any alleged or actual negligence on their part.**

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian: _____ Phone: _____
(please print) First Name Last Name

I hereby give my permission for my child to be photographed, videotaped, and/or audio taped during any MEGA Activity. I further give permission for such photographs, videotapes, and audiotapes to be used in print or broadcast media as deemed appropriate for promotion of MEGA Activities and for publicity surrounding participation in MEGA events.

Parent/Guardian Signature: _____ Date: _____

If you would like to be on our mailing list please complete the following:

Address:				
<i>(please print)</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>