

5280 Gymnastics™
WAIVER/ RELEASE/ MEDICAL PERMISSION FORM

Participant Name: _____ **Home Phone #** _____

Please read the following carefully as it affects your and your family's legal rights, and those of any minor children for whom you are responsible. Fill in all blanks. A parent or responsible adult must sign below if the athlete or participant or observer is under 18 years of age.

Athlete and Family Membership Agreement and Disclosure

In consideration of membership in 5280 Gymnastics™, or participation in or observation of gymnastic classes, events, competitions, or activities (together, Activities), I/we agree to be bound as follows:

1. **Eligibility:** We will comply fully with the policies and rules of 5280 Gymnastics™, as amended from time to time and made available at www.5280gymnastics.com.
2. **Readiness to Participate:** I/We will only participate in those 5280 Gymnastics™ Activities for which I/we believe we are physically and psychologically prepared. Prior to participation, I/we will have practiced our exercises and will perform only those Activities we have accomplished to the degree of confidence necessary to assure I/we can perform them by ourselves, and without injury.
3. **Medical Attention:** I/we hereby consent to 5280 Gymnastics™ and/or any applicable Host Organization to provide, through the medical or professional staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as may appear to be warranted in the course of our participation in any Activities.
4. **Waiver and Release:** I/We are 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 participation in or observation of gymnastics activities and events, or Activities of any kind on or about the 5280 Gymnastics™ premises. To facilitate our involvement in these voluntary Activities, and to properly protect 5280 Gymnastics™ and those involved with it, I/we further agree:
 - a. To the fullest extent permitted by applicable law, including Colo. Rev. Stat. § 13-22-107 (waiver of negligence claims on behalf of a minor child) and § 13-21-115 (premises liability), I/we, and/or any member of our family, or person for whom we are responsible or that we bring or invite to any Activities, fully assume all risks associated in any way with the Activities, and of any incident damage, loss, or theft of personal property; and further hereby forever release and hold harmless and indemnify from any suit or claim 5280 Gymnastics™ and any of its owners, officers, directors, employees, agents (paid or unpaid), or vendors or manufacturers, or any landlord or other tenants of the premises.
 - b. I/we understand that this specifically includes use or misuse of the facilities in any way by anyone (including other parents), problems with the maintenance of the facilities or grounds, any equipment malfunction, any instruction or supervision, harm that may befall any observers or bystanders that we brought or invited, and any slip and fall liability.
 - c. I/we understand that we are voluntarily giving up certain legal rights, including those of minor children for whom we are responsible, and that we have agreed to indemnify (reimburse) any charge, including legal fees and expenses, incurred to defend any properly released claim or to enforce this agreement.
 - d. 5280 Gymnastics™ may photograph, videotape, and/or record any Activities and may use those images or likenesses and audios in connection with its advertising and publicity, without reservation.

Information from Parent or Responsible Person, or Participant (if 18 or older):

Primary Medical Insurance: I/we are covered by primary health/medical/accident insurance through:

_____ **Emergency Phone #:** _____

If the above participant or observer is not yet 18 years of age: As a parent or person responsible for this minor, and for any other sibling or minor child I bring on premises or involve in any activity, I hereby verify by my signature below that I fully understand and accept each of the above conditions in order for us to participate in or observe Activities conducted by, or at, 5280 Gymnastics™.

Printed name of Participant (if 18 or older)/Parent/Responsible Person

Date

Signature

Witness