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GYMNASTICS CENTRAL

WAIVER, RELEASE OF LIABILITY, MEDICAL CONSENT & MEDIA RELEASE

This agreement applies to participation in or attendance at activities at Gymnastics Central, including gymnastics, tumbling, trampoline, double mini trampoline, cheerleading, dance, ninja/gym warrior activities, camps, clinics, open gyms, private lessons, team practices, competitions, special events, facility rentals, visiting-team practices, and other activities conducted or hosted by Gymnastics Central.

For purposes of this agreement, "**Gymnastics Central**" or "**G.C.**" means High Tech Athletics, LLC dba Gymnastics Central and its owners, officers, employees, coaches, instructors, agents, representatives, volunteers, contractors, successors, assigns, sponsors, and affiliated parties.

PHOTO / VIDEO / AUDIO RELEASE

I grant permission to High Tech Athletics, LLC dba Gymnastics Central to photograph, video record, audio record, or otherwise capture the image, likeness, name, or voice of myself and/or my child(ren) while at Gymnastics Central or participating in Gymnastics Central activities.

I understand that these photographs, recordings, images, or broadcasts may be used by Gymnastics Central for legitimate promotional and informational purposes, including print publications, online publications, presentations, advertising, websites, and social media.

I understand that I will not receive any royalty, fee, payment, or other compensation for such use.

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

I understand that gymnastics, tumbling, trampoline, double mini trampoline, cheerleading, dance, ninja/gym warrior activities, and other athletic and recreational activities involve inherent risks.

These risks may include, but are not limited to, falls, collisions, improper landings, contact with equipment or other participants, strains, sprains, fractures, concussions, head, neck or spinal injuries, paralysis, serious bodily injury, permanent disability, and, in rare circumstances, death.

I understand that injuries may occur even when reasonable safety precautions, supervision, instruction, spotting, and appropriate equipment are provided.

I knowingly and voluntarily accept and assume these risks on behalf of myself and/or my minor child(ren).

WAIVER AND RELEASE — MINOR PARTICIPANTS

In consideration for Gymnastics Central permitting my child(ren) to participate in its programs or activities, I, on behalf of myself, my child(ren), and our respective heirs, executors, administrators, representatives, successors, and assigns, waive and release claims against Gymnastics Central for injuries, damages, or losses arising from participation in activities at Gymnastics Central or at another location during an activity sponsored, organized, or conducted by Gymnastics Central.

This release is intended to include claims arising from the **ordinary negligence of Gymnastics Central to the fullest extent permitted by Ohio law.**

Nothing in this agreement is intended to release any claim that cannot lawfully be released under applicable law.

VISITING TEAMS, OUTSIDE ORGANIZATIONS & FACILITY RENTALS

I understand that this waiver applies whether I or my child is:

- enrolled directly in a Gymnastics Central program;
- participating as a member of a visiting team, school, league, club, or outside organization;

- participating in a team practice, clinic, camp, competition, open gym, private lesson, facility rental, or special event; or
- otherwise participating in an activity or entering a designated training area at Gymnastics Central.

Participation through another organization does not eliminate the requirement for an individual Gymnastics Central waiver.

Every athlete and every coach or other authorized adult entering the gym floor or training area beyond the designated spectator fence must have a completed waiver on file.

Parents, guardians, spectators, and other guests who are not participating or authorized to enter the training area must remain in designated viewing or spectator areas.

MEDICAL FITNESS

I certify that I and/or my child(ren) are physically capable of participating in the activities for which we are registered or attending.

I understand that it is my responsibility to inform Gymnastics Central of any injury, medical condition, restriction, medication, allergy, or other circumstance that may affect safe participation.

I understand that participants should not participate in activities that have been restricted by a physician or other qualified medical professional.

CONSENT FOR TREATMENT FOR ACCIDENT OR ILLNESS — MINORS

In the event of an injury, illness, or medical emergency involving my minor child, I authorize Gymnastics Central personnel to provide reasonable first aid and to contact emergency medical services when they believe it is appropriate.

If I cannot be reached, I authorize licensed physicians, emergency medical personnel, hospitals, and other qualified healthcare providers to provide emergency evaluation and treatment reasonably considered necessary, including transportation, hospitalization, diagnostic procedures, anesthesia, and surgery when medically appropriate.

I understand that Gymnastics Central will make reasonable efforts to contact me or the participant's emergency contact as soon as practical.

I understand that I am financially responsible for medical treatment, emergency transportation, or other healthcare services provided to my child.

ADULT WAIVER / RELEASE

If I am 18 years of age or older and participate in an activity or enter a designated training area at Gymnastics Central, I understand and voluntarily assume the inherent risks associated with being in an active gymnastics and athletic facility.

This includes adult students, visiting coaches, team coaches, instructors, volunteers, and other adults authorized to enter Gymnastics Central's training areas.

In consideration for being permitted to participate or enter a designated training area, I, for myself and my heirs, executors, administrators, representatives, successors, and assigns, waive and release claims against Gymnastics Central for injuries, damages, or losses arising from my participation or presence in the training area.

This release is intended to include claims arising from the **ordinary negligence of Gymnastics Central to the fullest extent permitted by Ohio law.**

I authorize Gymnastics Central to provide reasonable first aid and contact emergency medical services if I am physically unable to provide consent following an injury or medical emergency.

COMMUNICABLE AND INFECTIOUS DISEASE

I acknowledge that participation in group athletic activities and presence in a shared athletic facility may involve exposure to communicable or infectious illnesses, including respiratory viruses and other contagious diseases.

I voluntarily assume the ordinary risks associated with such exposure and agree that I and/or my child(ren) will not knowingly participate while experiencing symptoms of a contagious illness when doing so could reasonably place others at risk.

PARTICIPANT RESPONSIBILITIES AND SAFETY RULES

I understand that participants must follow Gymnastics Central's safety rules and the instructions of its coaches and staff.

Participants may not use equipment or enter restricted training areas without authorization and appropriate supervision.

I understand that Gymnastics Central may restrict or discontinue participation when its staff reasonably believes that continued participation creates a safety risk to the participant or others.

COVENANT NOT TO SUE

In consideration for my participation and/or my child(ren)'s participation at Gymnastics Central, I hereby, for myself and/or my child(ren) and our respective heirs and successors, agree, to the fullest extent permitted by law, not to bring or maintain a claim or lawsuit against Gymnastics Central for injuries, damages, or losses covered by this agreement.

This includes claims arising from acts of ordinary negligence to the fullest extent permitted by Ohio law.

I understand that this Covenant Not to Sue applies to each occasion that I and/or my child(ren) participate in activities at Gymnastics Central and remains in effect until revoked by me in writing, subject to applicable law and circumstances occurring before such revocation.

ACKNOWLEDGMENT

I acknowledge that I have carefully read this agreement and understand its contents.

I understand that this document contains an **assumption of risk, waiver and release of liability, medical authorization, media release, and covenant not to sue**, and that by signing it I may be giving up certain legal rights.

I acknowledge that I am signing this agreement voluntarily.

If signing for a minor participant, I certify that I am the participant's parent or legal guardian or otherwise have legal authority to execute this agreement on the participant's behalf.

Participant/Athlete Name(s):

Date(s) of Birth:

Parent/Legal Guardian Name (if under 18):

Emergency Contact:

Emergency Phone:

Team / Organization (if applicable):

Signature of Adult Participant OR Parent/Legal Guardian:

Printed Name:

Date: _____

Phone: _____

Email: _____