

Arches Gymnastics

Trial Class/Open Gym Waiver

As legal guardian of my designated student(s) (student(s)), I hereby consent to all student(s) participating in this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including, tumble tramp, trampoline, stunting, pyramids, dance, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

Trial Class: _____

Date: _____

Parent Name: _____

Student Name: _____

Parent Signature: _____

Phone Number: _____

Coaches Notes: _____

Arches Gymnastics Photo Release Form

I hereby grant Arches Gymnastics, permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of Arches Gymnastics and will not be returned.

I hereby irrevocably authorize Arches Gymnastics to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever hold Arches Gymnastics from all claims, demands, and any causes of action in which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Initials: _____

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO
RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE,
OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE
REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS
EVIDENCED BY ACCEPTANCE OF THIS POLICY.**