



Please read this document thoroughly and carefully as it affects legal rights.

In consideration for allowing the participant named below to enter, attend, observe, or participate in programs, instruction, events, camps, clinics, classes, private lessons, team activities, open gym, birthday parties, and other services offered by **Edge Athletics, LLC** (collectively, the “**Activities**”), I agree as follows:

1. Understanding the risks

I understand that gymnastics, tumbling, acrobatics, trampoline, conditioning, open gym, and related athletic activities involve **inherent risks**. These activities may involve running, jumping, flipping, inversion, rotation, height, impact, spotting, and use of specialized equipment and training surfaces.

- I understand that injuries can happen even when participants follow instructions, safety rules, and a coach is involved.
- I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my participant or myself (Including but not limited to personal injury, disability, and death).
- I also understand there may be risks related to falls, failed landings, collisions with people or equipment, equipment issues, participant fatigue, and the actions or inactions of participants, staff, or others in the facility.

2. Health and participation

- I knowingly agree that the participant is physically, mentally, and emotionally able to participate safely, except for any condition I have fully disclosed to the gym in writing prior to participation.
- I agree to provide medical documentation to the gym of any and all relevant medical conditions, injury, allergy, limitation, diagnosis, medication, or other concern that could affect safe participation or emergency care.
- If at any time I believe the participant should not continue, I will notify the gym immediately.
- I also affirm that I currently have, and will continue to have proper hospitalization, health, and accident insurance coverage for both my participants protection as well as my own.
- I agree to provide my health insurance coverage documentation for my participant(s) for the gym to keep on file in case of emergency.

3. Assumption of risk

- I understand these risks and voluntarily choose to allow the participant to take part in the Activities. On behalf of myself and the participant, I knowingly and voluntarily assume all risks associated with participation and with being on the gym premises, to the fullest extent allowed by law.

4. Release of liability

- To the fullest extent permitted by law, I, on behalf of myself, the participant, and our heirs, estate, representatives, and assigns, release, hold harmless, and waive claims against **Edge Athletics, LLC** and its owners, officers, directors, employees, coaches, instructors, staff, volunteers, contractors, agents, affiliates, landlords, and representatives (collectively, the “**Released Parties**”) for injuries, illness, damages, losses, or expenses arising out of or related to participation in the Activities or presence on the premises, including claims alleged to result in whole or in part from negligence of any Released Party.

5. Emergency medical authorization

- If the participant becomes injured or ill, and I cannot be reached promptly, I authorize **Edge Athletics, LLC** to provide or arrange basic first aid, contact emergency personnel, and seek reasonable emergency medical care for the participant.
- I understand that gym staff are not medical professionals. I accept full financial responsibility for any medical care, ambulance transport, hospital charges, physician fees, medication, or related expenses incurred on behalf of the participant.

6. Insurance responsibility

- I understand that **Edge Athletics, LLC** does not provide health, accident, life, or any medical insurance for participants. I am responsible for maintaining any insurance I believe appropriate and for any uninsured medical or other losses.

7. Rules, safety, and staff authority

- I agree that the participant listed will follow all gym rules, posted policies, and staff instructions. I understand that injury may be sustained if gym rules, posted policies, and staff instructions are not strictly followed.
- I understand and agree that:
- only authorized participants may enter training areas or use equipment;
 - coaches and staff control skill progressions, spotting decisions, and safety restrictions;
 - participants may not attempt skills beyond their training level without staff permission; and
 - the gym may stop participation or remove a participant from an activity if staff determine participation is unsafe, disruptive, inappropriate, or otherwise not in compliance with gym policies.

8. Parent and spectator responsibilities

- I understand that parents/guardians remain responsible for:
- timely drop-off and pick-up
 - supervising siblings and non-participants unless the gym expressly accepts supervision for a specific program
 - keeping non-participants in approved waiting or viewing areas only

I understand that siblings and visitors may not use any equipment unless separately enrolled and authorized.

9. Communicable illness acknowledgment

I understand that participation in group activities may involve exposure to viruses, bacteria, or other communicable illnesses. I voluntarily assume that risk as part of participation in the Activities.

10. Photo and media permission

Unless I separately opt out in writing according to gym policy, I give **Edge Athletics, LLC** permission to photograph or video the participant during classes, camps, events, and related activities, and to use those images or recordings for lawful business purposes, including website content, social media, promotional materials, and AI training, without compensation.

11. Severability

If any part of this Agreement is held invalid or unenforceable, the remaining provisions will continue in effect to the fullest extent allowed by law.

12. Acknowledgment and Signature

- I have read this Agreement in its entirety carefully. I understand that it affects legal rights.
- I sign it voluntarily and intend to be bound by it to the fullest extent permitted by law.

Signature of Adult Participant or Guardian/Parent of minor participant:

Printed Name: _____ Relationship: _____

Signature _____ Date: _____

Participant Information:

Participant Name: _____ Date of Birth: _____

Parent/Guardian Name (if participant is under 18): _____

Address: _____

Phone: _____ E-mail: _____

Emergency Contact Name and Phone: _____

Relevant medical conditions, allergies, medications, or restrictions: _____

Insurance Carrier: _____ Insurance Policy Number: _____