



Open Training Waiver
PLEASE PRINT CLEARLY

Child's Name _____ Birth date _____
 Child's Name _____ Birth date _____
 Child's Name _____ Birth date _____
 Address _____ City _____ State _____ Zip _____
 Mother's Name: _____ Cell Phone: _____
 Father's Name: _____ Cell Phone: _____
 Medical Insurance Company _____ Policy # _____
 Emergency contact: Name: _____ Primary Phone: _____
 Allergies or Medical Conditions: _____

**ASSUMPTION OF RISK • WAIVER OF LIABILITY
PHOTO RELEASE • MEDICAL AUTHORIZATION**

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in *all* activities offered at Ultimate Performance Gymnastics LLC, d/b/a Ultimate Performance Gymnastics & Cheer, at 4289 124th Street, Chippewa Falls, WI, owned by MCW Properties LLC, such as gymnastics, tumbling, trampoline, stunting, dancing, cheerleading, physical fitness type activities, Nerf Wars, Ninja Warrior Challenge and Superhero Challenge activities can result in minor and severe injuries, permanent paralysis, brain damage, or even death.

ON BEHALF OF MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS AND PROMISE NOT TO SUE, AND FOREVER RELEASE, Ultimate Performance Gymnastics LLC, d/b/a Ultimate Performance Gymnastics & Cheer, at 4289 124th Street, Chippewa Falls, WI, owned by MCW Properties LLC, each of their respective owners, members, directors, shareholders, employees, contractors, invitees, licensees and agents ("you") from all liability for damages or injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting from acts of negligence by you. I also waive all rights any third party may otherwise have to pursue claims against you on my behalf (including the right of subrogation). If, despite this agreement, I, or any third party on my behalf, makes a claim against you, I will defend, hold harmless and reimburse you for such claim and liabilities incurred as a result of such claim.

In the event of an accident or emergency I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost, and will hold you harmless in your management of such accident or emergency. I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care.

I am aware that photos and videos are taken from time to time for marketing (ie. Facebook, website, brochure use, newspaper, etc.) and instructional purposes and I hereby consent to their use by Ultimate Performance Gymnastics and Cheer and their agents.

I am aware that photos and videos are taken from time to time for marketing (ie. Facebook, Instagram & UPGC website use) and instructional purposes and I hereby consent to their use by Ultimate Performance Gymnastics & Cheer and their agents.

Opt out of photo/video release _____ initial Please provide a photo of your child to the office so we know not to use their image in any marketing photos we publish.

I have read and understand this Assumption of Risk, Waiver of Liability, Medical Authorization and Photo Release.

PARENT/LEGAL GUARDIAN Signature _____

Print Name _____ Date _____