

**Fantastic Gymnastics, LLC,  
4Ever Dance, DBA Fantastic Gymnastics, LLC  
4Ever Fit Fitness and Performance DBA Fantastic Gymnastics, LLC  
Acknowledgement, Authorization and Release Form**

I, the undersigned parent/legal guardian, do hereby give consent for my son/daughter or self to participate in the training and activities provided by Fantastic Gymnastics, LLC, 4Ever Fit Fitness and Performance, dba Fantastic Gymnastics, LLC, 4Ever Dance, dba Fantastic Gymnastics, LLC.

I understand and acknowledge (child's name or self) \_\_\_\_\_'s participation in the activities provided by Fantastic Gymnastics, LLC includes but is not limited to all aspects of cheerleading, tumbling, stunting, trampoline, dance and training and/or competition, as well as travel to or from any related events. I am fully aware of the nature of the activities involved and the possibility of physical illness or injury (minimal, serious and catastrophic – including death) which may arise from participating in such activities. I understand any such injury could be sustained while at the Fantastic Gymnastics LLC, facility or at any one of many competition facilities. If I feel conditions are unsafe, I acknowledge that I have full authority to remove my child from the event.

I certify my child or myself is in good physical condition to participate in all related activities. In the event of injury, I grant permission to any repetitive of Fantastic Gymnastics, LLC to authorize any emergency medical transportation, medical attention, treatment, surgery, or administration of any drugs by qualified and licensed medical professionals. I understand the emergency contact{s} listed below will be notified as soon as possible in the event of such emergency, and that any and all transportation, medical or other expenses associated with such injury will be entirely assumed by me or my insurance company.

I hereby agree to voluntarily release, hold harmless, indemnify and covenant not sue Fantastic Gymnastics, LLC, including it officer, agents, coaches and employees for any and all claims of liability, injury, negligence, actions or rights of action, which are in any way related to, arise out of, or are in any way connected to my or my child's participation in Fantastic Gymnastics, LLC activities. This further includes, but is not limited to, claims of dangerous condition, premises liability, failure to warn, negligent supervision, negligent maintenance, negligent hiring and improper or dangerous equipment.

I understand Fantastic Gymnastics LLC produces promotional materials, and that myself or my son/daughter may be included in videos or photography taken during practices, competitions, parties or other and all related events. I hereby grant Fantastic Gymnastics LLC, its successors, assignees, licensees, sponsors, television networks and all other commercial exhibitors the exclusive right to photograph and/or videotape my son/daughter, and further to utilize my or my son/daughter's name, face, likeness, voice and appearance in advertising, promotions, websites and social media without reservation or limitation. In granting this license, I understand Fantastic Gymnastics LLC is under obligation to exercise such rights, licenses or privilege granted herein.

I certify that I have read this 'Acknowledgment, Authorization and Release Form' in its entirety and understand that by signing it I am freely giving up substantial rights without any inducements or assurances, and intend for it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law, and agree that if any portion of this agreement is found to be invalid, the balance notwithstanding shall continue in full force and effect.

SELF OR CHILD'S LEGAL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

SELF OR PARENT/LEGAL GUARDIAN'S NAME: \_\_\_\_\_

SELF OR PARENT/LEGAL GUARDIAN'S SIGNATURE: \_\_\_\_\_

SELF OR PARENT/LEGAL GUARDIAN'S EMERGENCY CONTACT NUMBER(S): \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_ FANTASTIC GYMNASTICS WITNESS: \_\_\_\_\_