



MEGA Fun and Fitness: Permission to Participate

Waiver MUST be completed in its entirety prior to event participation.

Parents Name: _____

Childs Name: _____ Birth date: _____

Address: _____ City & Zip: _____

Phone: _____ Email: _____

Acknowledgement and Assumption of Risk and Waiver of Liability

I represent I am the legal guardian of _____ ("Participant") and hereby consent to Participant's participation in the programs of MEGA Fun and Fitness, Michigan Elite Gymnastic Academy, Motion Evolution (all such entities hereafter collectively referred to as "MEGA") or other programs or events conducted in association with MEGA ("Programs"). I recognize that participation in any or all of the Programs will include a variety of activities including without limitation dance, gymnastics, tumbling, trampoline activities, and/or martial arts, and that such activities inherently have significant risks of injury as a result of many factors including but not limited to use of equipment, exposure to heights, lights, loud music, fast motions, being inverted, or coming into contact with hard or stationary structures. Furthermore, these risks exist even if all due care is taken, but may be even more prominent in the event of the negligence of an employee or agent of MEGA or of another Participant, or due to features of the premises on which the Programs are conducted. I understand that severe injuries could result from the Participant's participation in one or more of the Programs, and that such injuries may include contagious disease, paralysis, permanent serious injuries or disfigurement, or death. I also recognize that efforts to provide first aid or other assistance to Participant may result in unintended increased injury to Participant. Although the risk of participation in the Programs cannot ever be eliminated, I agree to advise the Participant of the aforementioned risks, and to encourage the Participant to follow any safety rules and the coaches' instructions. I represent and warrant that there is now in place, and there will continue to be during all times that Participant is participating in the Programs, proper hospitalization, health, and accident insurance coverage, which I consider adequate for Participant in light of their participation in the Programs. With knowledge of the aforementioned risks, on behalf of Participant and myself, and all other persons with the ability to make a claim through or on behalf of the Participant, I hereby assume the risks of Participant's participation in the Programs, and hereby release MEGA, its owners, officers, employees, coaches, agents, teachers, and volunteers (the "MEGA Personnel") from all claims and/or liability for damages and/or injuries of any kind or nature suffered by Participant on account of the Participant's participation in the Programs. I understand that MEGA is relying on the representations made herein, as well as this assumption of risk and release of liability, in agreeing to allow Participant to participate in the Programs. Accordingly, I agree to indemnify and hold the MEGA Personnel harmless with respect to any claims made against the MEGA Personnel by or on behalf of the Participant arising out of Participant's participation in the Programs.

THIS FORM INVOLVES SUBSTANTIAL LEGAL RIGHTS. BY SIGNING BELOW, YOU REPRESENT YOU HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS FORM AND AGREE TO BE BOUND THEREBY.

Parent or Legal Guardian

Date

Emergency Information and Permission to Provide Assistance

Emergency Contact (other than parent) _____ Telephone _____

Does the student have any medical conditions or taking any prescriptions to which we should be alerted? YES NO

If yes, please explain:

I understand that it is the express intent of MEGA to provide for the safety and protection of my child. I further understand that safe, professional gymnastics and related instruction often includes hands-on spotting to my child.

I understand that the employees, coaches, agents, teachers, and volunteers of MEGA Fun and Fitness, Michigan Elite Gymnastic Academy, Motion Evolution or other adjunct programs or events ("MEGA Staff") are not physicians or medical practitioners of any kind. Nevertheless, I hereby agree that MEGA Staff may render first aid to the students listed above in the event of any injury or illness, and if deemed necessary by MEGA Staff, to call a physician and to seek medical help, including transportation by MEGA Staff to any health care facility or hospital.

I understand that there are no cash refunds, and agree to follow the make-up policy, as stated by company policy. (Initial) _____