

## Release of Liability Waiver – Late Nite/Friday Nite Hype/PlayZone

***By signing this document you will waive certain legal rights, including the right to sue Virginia Techniques Gymnastics, Inc. and their respective officers, employees, volunteers, subcontractors, tenants, and other agents, hereafter collectively called "VTGI".***

### **1. CONSENT TO PARTICIPATE FOR MINORS**

As the parent or legal guardian of the \_\_\_\_\_, I hereby consent to their participation in programs at or for VTGI.

### **2. PERPETUAL COVENANT NOT TO SUE**

In consideration for my child(ren) or my participation at VTGI, I hereby, for my child(ren) and/or myself, and our respective heirs and successors, promise not to sue and forever release VTGI from all liability resulting from damages or injuries incurred as a result of participation at or for VTGI. This includes acts of ordinary negligence. I understand that this perpetual covenant not to sue will apply to each and every occasion that my child(ren) or I visit or participate at VTGI and that this agreement remains in force until I revoke it in writing.

### **3. ASSUMPTION OF RISK**

I acknowledge that potentially severe injuries including paralysis, permanent disability, or death can occur in any activity involving height or motion including gymnastics, trampoline, tumbling, ninja, cheerleading, and related activities. I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and/or I may be exposed or infected by such bacteria or viruses by attending VTGI and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand the risk of becoming exposed to or infected by COVID-19 at VTGI may result from the actions, omissions, or negligence of myself and others, including, but not limited to VTGI employees, volunteers, program participants and their families. I voluntarily accept and fully assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) and/or myself including but not limited to personal injury, paralysis, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I and/or my child(ren) may experience or incur in connection with my child(ren) or my attendance at VTGI or participation in VTGI programming.

### **4. AGREEMENT TO MINIMIZE RISK**

I agree that my child(ren) and I will not take unreasonable risks while participating in VTGI activities, including but not limited to attempting skills or tricks that my child(ren) or I are not qualified to perform safely or causing any other participants/spectators unreasonable risk of harm. Furthermore, my child(ren) and I agree to follow correct safety procedures when using VTGI facilities, equipment and all VTGI activities away from the gym. I certify that I am the legal guardian of enrolled participants and I have read and understand this Release of Liability Waiver prior to signing. I am aware that by signing this Release of Liability Waiver I am waiving certain legal rights which I or my heirs, assigns, personal representatives, next of kin, executors, administrators, successors, and assigns, may have against VTGI. VTGI shall have the right to impose any additional conditions which will further the intent and legal rights and waivers provided herein. This Release of Liability Waiver was made and executed in the state of Virginia and shall be governed by, enforced in, and construed in accordance with the laws of the State of Virginia.

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Participant Signature  
(ages 13 and up)

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Legal Guardian Signature

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Date

**\*\*\*\*DOCUMENT CONTINUES MEDICAL RELEASE MUST ALSO BE SIGNED\*\*\*\***

**Medical Release**

In the event of a medical emergency I authorize that my child(ren) and/or I be transported to a medical facility for treatment and I hold VTGI harmless in the execution of such. In the event I am unavailable to provide parental consent, I hereby authorize the physician(s) and staff to provide care that may include diagnostic procedures and medical treatment as necessary to my minor child or me. I also authorize the release of all x-rays, test results, lab work or any other procedures that would be helpful in the follow-up care of my child. This medical treatment is to be given to my child without any further permission. With my signature below, I authorize payment of medical benefits to the medical facility for any services furnished to my child by the physician(s) or staff. I understand that I am financially responsible for any amount not covered by my insurance provider. I have read and understand the Medical Authorization Form prior to signing. The information given above is true and accurate. Furthermore, I understand that I am responsible for notifying VTGI and updating this information in writing if it changes at any time during my child's membership or participation at VTGI.

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**Legal Guardian Signature**

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**Date**