



Teton Indoor Sports Academy

Student name(s): _____

Release of Liability and Notification of Risk

As parent/guardian of the above student(s), I hereby represent that my child/ward is physically fit to undertake gymnastics at Teton Indoor Sports Academy, (herein after T.I.S.A.) I acknowledge the existence of certain risks of personal injury in participation in these activities. The activities like any other athletic activity involving motion and height, involves a risk of injury. Injuries can include broken bones, sprains, lacerations, internal injuries, paralysis or even death. These are risks that anyone participating in these activities assumes. My child/ward is assuming these risks by participating in these activities. To reduce these risks, participants must follow all TISA rules and remain in excellent physical condition. I hereby agree that my child/ward will follow all TISA rules and that I will instruct her/him to do so.

In consideration of the right of my child/ward to participate in TISA activities I, as a parent/guardian, hereby agree that I waive and release all rights and claims of injury, damages and loss that I may have at any time against TISA, its representatives, employees and agents, whether paid or volunteer, for any loss, injury or damages whatsoever, including, but not limited to, any claim I may have for loss of consortium, medical expenses, wage loss, or any claim as a result of injuries my child/ward incurs in connection with my child/ward's participation in TISA's activities. This release and the following agreement to indemnify shall include, but not limited to, any claim arising from injuries my child/ward may incur as a result of negligence of TISA, its representatives, employees and agents, whether paid or volunteer.

In addition to the foregoing, I hereby agree to defend, indemnify, and hold harmless TISA, its representatives, employees and agents, whether paid or volunteer from and against any and all liability for any claims, demands, losses, damages, actions, causes of actions or suits of any kind or nature whatsoever, and particularly on account of all injuries or loss, either person or property, which may result directly or indirectly from my child/ward's participation in activities at TISA.

This release and agreement to indemnify is binding upon my heirs, legal representatives, agents and assignees.

I understand that participation is entirely my own choice. I hereby agree to individually provide for the possible future medical expenses incurred by my child/ward as a result of any injury sustained while participating in any of TISA's programs. This acknowledgement of risk and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Permission to treat

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

Parent or Legal Guardian Signature: _____ Date: _____

Print Parent or Legal Guardian Signature name: _____

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