

**HEAD OVER HEELS WAIVER**

**ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY AND RELEASE**

I agree that I am aware that my son/daughter named below will be engaging in physical exercise involving various sports, coordination events, and fitness training which could cause serious injury to him/her. I understand that there are certain risks of injury inherent with the practice and play of this sport, as well as other related activities incidental to his/her participation. I am aware of the Heads Up Concussion policy that has been posted in the facility. I have read the Heads Up Concussion policy and understand the concussion signs and symptoms. I agree that my son/daughter is voluntarily participating in these activities and is assuming all risks, loss, damage or injury. I hereby certify that my son/daughter is fully capable of participating in all these activities and that he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participating in these activities. If my son/daughter has any physical or mental condition that may impair his/her abilities to engage in these activities, I understand that it is my responsibility to provide AGR, Inc., d/b/a Head Over Heels Gymnastics with a physician's statement describing any and all limitations my child has that might affect his/her participation in these programs. In addition to giving full consent for my child's participation, I do hereby agree to waive any claims and/or rights that I might otherwise have to sue AGR, Inc., d/b/a Head Over Heels Gymnastics, its officers, directors, shareholders, employees, agents and all others associated with the corporation from all liability for any and all damages and/or injuries that might occur as a result of these activities. I understand that AGR, Inc., d/b/a Head Over Heels Gymnastics makes no evaluation or recommendations whether my son or daughter is physically fit for any exercise program.

I also give permission for photographs and videos for my child to be used in print or broadcast medias as deemed appropriate for the promotion of any Head Over Heels Gymnastics activity.

Child's Name: \_\_\_\_\_ AGE: \_\_\_\_\_ Gender  F  M

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature:**

\_\_\_\_\_  
**Date:**