

**BALANCE CHEER AND GYMNASTICS, LLC**  
26210 Emery Road, Suite 307, Warrensville Heights, OH, 44128  
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**RELEASE AND WAIVER OF LIABILITY AGREEMENT**

DISCLAIMER: BALANCE CHEER AND GYMNASTICS, LLC is not responsible for any injury (or loss of property) to any person while practicing, training, taking classes, competing, participating in open gym, special events, birthday parties, fitness/aerobics classes, demonstrations or shows, or in any other way involved in gymnastics, cheerleading, or teams at BALANCE CHEER AND GYMNASTICS, LLC for any reason whatsoever, including ordinary negligence on the part of BALANCE CHEER AND GYMNASTICS, LLC its members, managers, agents, independent contractors, or employees.

CONSENT: I consent to my or my minor's participation in the activity and acknowledge that I fully understand my or my minor's participation may involve risk of serious injury, illness, or death, including losses which may result not only from my or my minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the activity is being conducted, and/or the rules of play of this type of activity. I understand that if I have any risk concerns, I shall discuss them completely with the staff before I sign this agreement and before my or my minor's participation in the activity begins.

I am aware that gymnastics and cheerleading are both high intensity and vigorous sports involving movement, rotation, and height that may pose a risk for serious injury. Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness, paralysis, and death, resulting from my or my minor's participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my or my minor's participation in the activity.

WAIVER: In consideration for my or my minor's participation in the activity, I hereby waive all claims or causes of action, including ordinary negligence, against BALANCE CHEER AND GYMNASTICS, LLC its managers and members, and any of their employees, teachers, coaches, independent contractors, or agents, arising out of my or my minor's participation in the activity wherever, whenever or however the same may occur.

CONSENT TO PHOTOGRAPH AND MEDIA RELEASE:

I understand that my or my minor's photograph or video may be taken during the course of class instruction, during a special event at BALANCE CHEER AND GYMNASTICS, LLC or at a function sanctioned by BALANCE CHEER AND GYMNASTICS, LLC . I hereby grant permission to BALANCE CHEER AND GYMNASTICS, LLC to use my or my minor's photograph or likeness in any publicity or promotional publications (e.g., social media, web site, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

I affirm that I am of legal age and am freely signing this release and waiver of liability agreement. This agreement shall be on going and shall apply during all the years my or my minor's participation in activities under the direction or control of BALANCE CHEER AND GYMNASTICS, LLC. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of BALANCE CHEER AND GYMNASTICS, LLC or any person listed above.

I have carefully read and understand completely this "Release and Waiver of Liability" and "Consent to Photograph and Media Release" form and I voluntarily attach my name in agreement. **(please check box to the left)**

A release and waiver of liability form must be completely filled out and signed before any student is able to participate in BALANCE CHEER AND GYMNASTICS, LLC activities.

**Please print legible**

Participant Name (first and last): \_\_\_\_\_

Participant date of birth (month/day/year): \_\_\_\_\_

Please report and describe any medical and/or behavioral conditions:

Parent/Guardian Name (first and last): \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

**(if participant is under 18 years of age)**

Participant signature \_\_\_\_\_ Date: \_\_\_\_\_

**(if participant is over 18 years of age)**