

Ohio Sports Academy

Assumption of Risk, Wavier of Liability and Medical Authorization

Name of Student Participant(s) (if under 18 years of Age) _____

Name of Guardian of Student(s) Above or Adult Participant: _____

ACKNOWLEDGEMENT OF RISK: I understand and acknowledge that by the very nature of such activity, gymnastics, cheerleading, tumbling, Ninja Zone, and trampoline all carry a risk of physical injury. No matter how careful the student, coach or instructor, no matter how many spotters are used, no matter how many mats provided, no matter what type of equipment is provided and no matter how many times the skill has been successfully completed, the risk cannot be eliminated. I UNDERSTAND AND ACCEPT THAT RISK. I knowingly and willingly assume all such risk. Being fully aware of the dangers, I give consent for myself or my minor child/children to participate.

RELEASE OF LIABILITY: In consideration for my child(ren's) participation, I (we) hereby for myself and my child(ren) and our respective heirs, executors and administrators, COVENANT NOT TO SUE and FOREVER RELEASE ADAD Trifiro Limited, LLC (Ohio Sports Academy) GJWC Limited, LLC (the landlord) and the Ninja Zone, the owners, operators, directors, officers, employees and other members of the "releases" named above, from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Ohio Sports Academy (ADAD Trifiro Limited LLC) or the Ninja Zone including those resulting from acts of negligence. I also assume all medical expenses for the aforementioned child or myself, which may be the result of any injuries sustained while training at, or performing for Ohio Sports Academy (ADAD Trifiro Limited LLC). Further, it is affirmed that sufficient insurance covering all such injuries and damages shall be in full force and effect throughout the program or its equivalent throughout the child's/parent's gymnastics career by my insurance.

CONSENT TO PARTICIPATE: As the adult student or Parent or Legal Guardian of the minor student(s) named above, I consent to their participation in the programs offered by ADAD Trifiro Limited, LLC DBA Ohio Sports Academy or Ninja Zone and to use facilities at Ohio Sports Academy owned by GJWC Limited LLC. I understand the nature of the activities and believe myself or my minor child/children to be qualified, in good health, and in proper physical condition to participate in such activities.

MEDICAL EMERGENCY: The undersigned gives permission to Ohio Sports Academy, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian. I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health.

MISCONDUCT PREVENTION: Coaching sports, particularly gymnastics and sports involving gymnastics-like maneuvers, creates opportunities for physical contact between a coach and a student. Physical contact is acceptable when it is reasonably intended to coach, teach, or demonstrate a skill or to prevent or lessen injury (e.g. spotting, catching). Our coaches exercise extreme care to ensure that such contact is not invasive of sensitive areas of the body. Infrequent, non-intentional physical contact particularly that which arises out of error on the part of the student or coach, does not constitute physical misconduct. I consent to have the coaching staff engage with my child, in any manner that is reasonably intended to coach, teach, or demonstrate a skill or to prevent or lessen injury. Should I have any concerns of misbehavior and/or misconduct I agree to report the incident to the gym's management as soon as possible.

PHOTO RELEASE: I grant to ADAD Trifiro Limited LLC, dba Ohio Sports Academy, the right to take photographs of me and my family in connection with the above-identified event or class. I authorize Ohio Sports Academy, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Ohio Sports Academy may use such photographs of me and my family without names and for any lawful purpose, including purposes as publicity, illustration, advertising, and web content.

Parent/Legal Guardian's Signature Please PRINT Legal Name Date

This area for office use only.

Family Information

Mother's Name: _____ Cell Phone: (____)-____-____

E-mail: _____

Father's Name: _____ Cell Phone: (____)-____-____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____)-____-____

Student Information

First Name: _____

Age: _____

Birthday: _____

Emergency Information

Fill out the information below so we may act quickly in the event of an accident.

Who to call if parents cannot be contacted:

Name/Relation: _____ Phone:(____)-____-____

Name/Relation: _____ Phone:(____)-____-____

Any previous illness or injury the staff should be aware of? Any Medications?

How did you hear about us? Be specific if possible. We give a \$10 credit to them if you sign up for a monthly class.

What are your short and long term goals for the class?