



RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT. By signing this document you will waive certain legal rights, including the right to sue. PLEASE READ CAREFULLY.

AWARENESS AND ASSUMPTION OF RISK

I am aware that gymnastics involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of the Alliston Nikolettes Gymnastics Club, its directors, officers, officials and volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as "the Alliston Nikolettes Gymnastics Club AND OTHERS". I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Alliston Nikolettes Gymnastics Club accepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have in future against the Alliston Nikolettes Gymnastics Club AND OTHERS.
2. To release the the Alliston Nikolettes Gymnastics Club AND OTHERS from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify the Alliston Nikolettes Gymnastics Club AND OTHERS from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
4. That this agreement is binding on not only myself but my next if kin, heirs, executors, administrators and assigns.
5. That the Alliston Nikolettes Gymnastics Club has the right to change or cancel programs due to insufficient registration or coach availability. In the case of a cancelled program, a full refund will apply.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE ALLISTON NIKOLETTES GYMNASTICS CLUB AND OTHERS.

Signed this _____ day of _____, 20_____.

Signature of Applicant

Signature of Witness

Print Applicant Name

Print Witness Name

IMAGE RELEASE FORM: Participants at any event or activity that the Alliston Nikolettes Gymnastics Club is involved in, may have their image, likeness, name (**excluding their personal address, phone, fax number, and/or e-mail address**), province/town, as well as rank within Canada and previous performing, competitive judging, choreographing or coaching history used in publication and on the internet by the Alliston Nikolettes gymnastics Club as well as its agents and sponsors from time to time. When signing this form, gymnasts, volunteers, coaches, judges and, in the case of minors, their parent/guardian, agree that they have the authority to provide this authorization/approval to the Alliston Nikolettes Gymnastics Club and its agents and sanctioned organizing committees. A facsimile, a scanned and e-mailed copy, or a photocopy of this form shall be deemed to constitute an original signed document.

I allow the use of personal information as outlined above, and image on the Alliston Nikolettes Gymnastics Club media, including newsletters, websites, posters, brochures, video and sponsorship packages.

Name of Participant: _____ Phone # _____

Signature of Parent/Guardian of participant if under 18 yrs old: _____