



1100 N Chicago Ave. Unit 43
Goshen, IN 46528
(574) 295-4348 (Office)
Frontdesk@inspireathletics.com

Event: _____

Release of Liability

In consideration for allowing my child to participate in activities offered by Inspire Athletics, LLC, I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have or my child has against Inspire Athletics, LLC or its respective administrators, owners, directors, any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Inspire Athletics or its respective administrators, owners, directors, any agent, employee, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Inspire Athletics, LLC. It is also my intent to release Inspire Athletics, LLC and its respective administrators, directors, owners, any agent, employee, representative or other acting on their behalf from liability for ordinary or gross negligent conduct that may occur in the future and agree not to sue.

Should any part or parts of this agreement be held null and void, the gross balance of the gross agreement shall remain valid and maintain its full force and effect. **This acknowledgment of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.**

By agreeing to this I understand that even though I am not taking gymnastics, tumbling, Ninja lessons and will not be on the equipment I may injure myself being in the gym. I take full responsibility for my actions and agree to pay for any and all medical bills that might arise from an accident at Inspire Athletics, LLC. This could include, but not limited to stepping off uneven mats and twisting an ankle, broken bones, torn ligaments, spine injuries or even death. This includes outside the building in the parking lot and all surrounding areas.

_____I've read the above and agree.

Medical Emergencies

I fully understand that the staff of Inspire Athletics, LLC are not physicians or medical practitioners of any kind. With that in mind, I hereby release Inspire Athletics, LLC to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child and/or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with Inspire Athletics, LLC.

_____I've read the above and agree.

Media Waiver and Release:

I consent to my child being photographed, interviewed and/or videotaped by representatives of INSPIRE ATHLETICS,LLC. Any information or images obtained from those activities may be reproduced by INSPIRE ATHLETICS, LLC. For use in advertising, publicity or educational activities, including but not limited to the gym publications, videos, print and television news. I hereby waive any claims I may have, and release INSPIRE ATHLETICS, LLC. And it's employees from liability of claims arising out of such activities.

_____I've read the above and agree.

Parent/Guardian Signature: _____ Date: _____

Printed name of Parent/Guardian: _____

Phone number: _____

Participant name: _____ Date of birth: _____

Participant name: _____ Date of birth: _____

Participant name: _____ Date of birth: _____

Participant name: _____ Date of birth: _____