

Trinity Gymnastics, Inc.  
4382A Gibsonia Road  
Gibsonia, Pa 15044  
724-444-3010

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY  
AGREEMENT (“AGREEMENT”)

In consideration of participation at Trinity Gymnastics, Inc. I represent that I understand the nature of this activity and that I am qualified, in good health and in proper physical condition to participate in such activity. I fully accept and assume all such risks and all responsibility for losses, cost and damages I incur as a result of my participation in the activity. I hereby release, discharge and covenant not to sue above said Trinity Gymnastics, Inc., its respective administrators, directors, agent, officers, volunteers and employees, other participants, any sponsors, advertisers and if applicable, owners and lessors of premises on which the activity takes place from all liability, claims, demands, losses, or damages on my account.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

**To be filled out by parent of Minor**

\_\_\_\_\_  
Print Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant (if child is a minor- parent should sign child’s name)

Parental Consent

AND, I the minor’s parents and/or legal guardians, understand the nature of the above referenced activities waive and release any and all rights against Trinity, its respective administrators, directors, agent, officers, volunteers and employees, other participants, any sponsors, advertisers and if applicable, owners and lessors of premises on which the activity takes place from all liability, claims, demands, losses, injury or damages that may be suffered by me or my children (minor) in connection with our association or entry in gymnastics, or other activities sponsored by Trinity Gymnastics, Inc.

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature of Parent