



DAKOTA GOLD ACADEMY

BIRTHDAY PARTY WAIVER FORM ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

Athletic participation assumes the risk of personal injury. Such injuries are not limited to, but may range in severity from temporary injuries (sprains, dislocations, and fractures) to major catastrophic injuries (paralysis, brain damage) that can result in permanent disability or even death, which can be caused by ones' own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below: and that there may be other risks either not known to me or not readily foreseeable at this time. While certain skills within the sport of gymnastics/cheer/dance involve greater risk; protective equipment, advances in sports medicine, improved coaching techniques, and a safe environment cannot eliminate the possibility of injury. I understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue Dakota Gold Gymnastics and Dance, Inc. and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases (administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers and, if applicable, owners and lesser of premises) from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of any such claim. I also give permission for Dakota Gold staff to request medical attention if deemed necessary.

Child's Name: _____

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____

Phone #: _____