



Handstand Clinic
Wednesday, June 5 at Spokane Gymnastics Pines
5052709-290-
11712 E. Montgomery in Spokane Valley 99206

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL (for receipts, not shared): _____

I affirm that I am over the age of 18, and voluntarily chose to participate in activity at Spokane Gymnastics. I understand that there are inherent dangers associated with gymnastics or similar activities including but not limited to parkour, tricking, etc. and recognize that any physical activity involves risks of serious injury or death, including but not limited to temporary or permanent muscular and skeletal injury and paralysis. Knowing these risks, I assume all risks, whether foreseen or unforeseen, in connection with participation in this activity.

I AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, WAIVE, AND RELEASE SPOKANE GYMNASTICS, TOGETHER WITH ITS OFFICERS, TRUSTEES, EMPLOYEES, AGENTS AND MEMBERS, AGAINST ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION ARISING OUT OF, OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY OR BY EQUIPMENT.

I understand that Spokane Gymnastics, Inc. is not liable for lost, stolen, vandalized, or damaged items. I hereby give Spokane Gymnastics the absolute right and permission to publish, copyright and use pictures of me which may be included in whole or part in composite or retouched in character or form. I understand that these images may be used for marketing purposes including website and social media. I certify that I give my consent without reservation.

I represent that I am physically fit and approved by my doctor to participate in exercise training.

Medical Coverage: All participants must be covered by medical insurance in order to participate in any activity at Spokane Gymnastics. I am covered by the following health insurance:

Insurance Carrier: _____

Medical Information:

Do you have ANY medical, physical, past injuries or issues that might interfere with activity or contribute to any potential injury?

No _____ **Yes** _____ **If yes, please list all:**

I understand that this Release Agreement is a legally binding contract and shall remain in effect for the duration of my participation in Spokane Gymnastics activities. This Release agreement shall bind my heirs, personal representatives, assigns and all members of my family, including minors.

I HAVE FULLY INFORMED MYSELF OF CONTENTS OF THIS APPLICATION AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT BY READING BEFORE SIGNING IT.

Signature: _____

Printed Name: _____ Date: _____

Current May 2, 2024