

Atlantic Coast Tumbling

Release, Waiver and Covenant Not to Sue
(Minor participant - less than 18 years old)

In consideration for the my child's participation in Atlantic Coast Tumbling Inc. all of its classes, activities and other functions, I do hereby fully and forever waive, release and discharge, covenant not to sue and hereby agree to indemnify and hold harmless (for myself, my estate, heirs, executor and assigns, or as next of friend to my child, or in any other representative capacity) Atlantic Coast Tumbling Inc., the owner of the facility used by Atlantic Coast Tumbling Inc, the United States Gymnastics Association (USAG) and all affiliates of the foregoing, and their respective coaches, instructors, trustees, officers, directors, members, managers, shareholders, owners, administrators, employees, agents or volunteers, or any other persons or entities involved in the organization, planning, supervision, or any other aspect of Atlantic Coast's classes, activities or other functions, for and from any and all losses, damages, causes of action, or claims whatsoever, and all costs, fees and expenses related thereto (including, without limitation, attorney's fees and expenses), including, without limitation, all personal injuries or damages, arising directly or indirectly or relating to my child's participation in Atlantic Coasts classes, activities and other functions, whether such losses, damages, causes of action or claims are caused, directly or indirectly, by or related to a known or unknown risk or hazard, and whether they are caused by a negligent act or acts, regardless of the degree of negligence. I warrant that my child has my full consent to participate in all of Atlantic Coast Tumbling's classes, activities and other functions. I warrant that I am the parent/natural guardian or the duly appointed legal guardian of this child, and that I have read and understand this Release, Waiver and Covenant Not to Sue.

(Print child's name)

(Print Parent/ Legal Guardian Name) _____
(Parent / Legal Guardian signature) _____
(Date)

Address: _____
City: _____ State: _____ Zip: _____
Home Phone :(____) _____ - _____ Work Phone :(____) _____ - _____
Other (Cell) :(____) _____ - _____