



Gateway Elite Gymnastics Release Form

Participants Name _____ DOB _____ Age _____
Parent/Guardian Name _____ Phone Number _____
Email _____
Emergency Contact Name, Relationship to Child & Phone Number _____

Parental Consent, Assumption of Risk, and Release

I am the legal guardian and hereby consent to Participant's participation in all programs offered by or done in coordination with Gateway Elite Gymnastics LLC, its owners, officers, employees, coaches, agents, teachers, and volunteers ("Gateway Elite"), whether at facilities owned or operated by Gateway Elite's or elsewhere ("Programs"). I recognize that participation in any or all of the Programs will include a variety of activities including without limitation dance, gymnastics, tumbling, trampoline activities, fitness, and/or martial arts, and other activities that such inherently have significant risks of injury as a result of many factors including but not limited to use of equipment, exposure to heights, lights, loud music, fast motions, being inverted, or coming into contact with hard or stationary structures.

I understand that there are certain risks of injury inherent in the Programs, including permanent disability or death, and severe social and economic losses, which might result not only from the Participant's own actions, inactions or negligence, but action, inaction or negligence of others, the rules of the facility, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, as well as in traveling and other related activities incidental to Participant's participation.

I further acknowledge, understand, appreciate and agree that participating may result in possible exposure to illnesses from infectious diseases, including, but not limited to MRSA, Influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of the releases or others and assume full responsibility in participation and exposure.

Photo Release for Minor

I agree that Gateway Elite Gymnastics, LLC ("Gateway Elite") may photograph and record my child/dependent's likeness and activities (Images) during Gateway Elite-related activities. I grant the following rights to Gateway Elite: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during Gateway Elite-related activities. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on Gateway Elite's website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Gateway Elite from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Signature

Date

Gateway Elite Gymnastics
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