ACROSPORTS EVENT RELEASE FORM

Assumption of Risk and Waiver of Liability

As parent or legal guardian of the participant listed below, I RECOGNIZE AND FULLY UNDERSTAND THAT POTENTIALLY SEVERE INJURIES, INCLUDING PERMANENT PARALYSIS OR DEATH, OR ILLNESS SUCH AS MRSA, FLU AND COVID, can occur in sports or activities involving direct contact, height or motion, including but not limited to gymnastics, tumbling, trampoline, martial arts, dance, birthday parties, open gym, etc. These risks and dangers may be caused by my children, myself, or family members actions, or inactions, the actions or inactions of others participating in the Activity, or the negligence of US AcroSports, Incorporated, AcroSports Gymnastics and AcroKids Academy (collectively US AcroSports, INC. or US A), officers, directors, shareholders, or other representatives, whether paid or volunteer. BEING FULLY AWARE OF THESE DANGERS and in consideration of the minor being permitted to participate in activities at this facility, or the use of equipment on and off premises owned by AcroSports or affiliated companies, I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS US AcroSports, Incorporated on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, its officers, directors, shareholders, and employees or other representatives, whether paid or volunteer. Furthermore, US A employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risks of any medical or physical condition I may have.

By signing this document I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against US A on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms. If I am found in violation of this agreement, I will be asked to leave with no refund.

All events are held at 1800 W. Nasa

Parents or Guardian's Additional Identification

(Must be completed by a Parent/Guardian for participants under the age of 18)

In consideration of _____ (**minor's first name)** being permitted by US A to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless US A from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Child's name: _____ Date of Birth: _____

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Child's name: _____ Date of Birth: _____

Address:_____ City: _____ Zip:_____

Parent's name: _____ Parent's Cell (_____)_____

Parent's name: _____ Parent's Cell (_____)_____

Parent's Email: _____

Parent's Printed Name: _____

Parent's Signature: _____ Date: _____