

STATE OF TEXAS WAIVER AND RELEASE / COUNTY OF HARRIS

I fully understand that *Ballard Academy of Gymnastics LLC, and/or Rowland Interests L.P.*, hereinafter referred to as Rowland/Ballard, staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Rowland/Ballard staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Rowland/Ballard staff to call our doctor and to seek medical help, including transportation by a Rowland/Ballard staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Rowland/Ballard staff deem this to be necessary.

And; we the staff of Rowland/Ballard recognize our obligation to make our students and their parents aware of the risks and hazards associated with the activities of gymnastics, trampoline, tumbling, cheerleading, and dance. By the very nature of the activity, Rowland/Ballard programs carry a risk of physical injury. No matter how careful the student and coach are, no matter how many spotters are used, no matter what height is used or landing surface exist, the risk cannot be eliminated. Reduced yes, but never eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes, and always includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the neck, back, or head. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. Rowland/Ballard, its coaches, instructors, and other staff members, will not accept responsibility for injuries sustained by any student during the course of any of the Rowland/Ballard programs, or open workouts or in the case of any exhibition, competition, or clinic in which he or she may participate while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Rowland/Ballard I, my executors, or other representatives, waive and release all rights and claims for damages that I or my child may have against Rowland/Ballard and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics, trampoline, tumbling, cheerleading, dance, or any other Rowland/Ballard program and injury. The parent should warn the child according to what the parent feels is appropriate. Rowland/Ballard will only warn the child through "Safety Messages" and our teaching style and progressions.

Child Name: _____ Age: _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

Date: _____ Phone: _____

Cell: _____ Email: _____