# ACKNOWLEDGEMENT OF RISK & WAIVER OF LIABILITY FOR ACADEMY WEST, INC.

## As the parent or legal guardian of (student's name):

_____

I hereby give my consent to the above named person to participate in the programs offered by Academy West, Inc. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis or death can occur in any activity involving height or motion including gymnastics, tumbling, and dance during classes, open gyms, private lessons, late nights, sleepovers, birthday parties, or any activity or event at Academy West. I UNDERSTAND AND ACCEPT THE RISK. Therefore, in consideration for allowing my child to use the Academy West, Inc. facility and equipment, I hereby forever release Academy West, Inc., its owners, officers, employees, teachers and coaches from all liability for any and all damage and injuries suffered by my child as a result of any injury sustained while at or under the direction of Academy West, Inc. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely is signed voluntarily as to its content and intent.

Parent (or guardian) signature: _____Date: _____

Address: _____Phone#_____
city state, zip

In case of emergency notify: _____ Phone#_____

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