

Dreams Gymnastics Club, Inc., Informed Consent Agreement

I, _____ the undersigned, on behalf of my child, _____, and my child's father/mother (circle one) _____ consent to my child's participation in the following, including but not limited to, gymnastics classes, dance classes, gymnastic programs, dance programs, gymnastics training, dance training, team competitions and/or team activities conducted by Dreams Gymnastics Club, Inc., an Illinois Corporation.

I understand and acknowledge that participation in gymnastics and dance training is an inherently dangerous activity and I acknowledge that, Dreams Gymnastics Club, Inc., has taken every precaution required to avoid injury to participants in Dreams Gymnastics Club Inc.'s gymnastics and dance training programs. I further acknowledge that despite the precautions taken by Dreams Gymnastics Club, Inc., my child's participation in any and all gymnastics classes, dance classes, gymnastics programs, dance programs, gymnastics training, dance training, team competitions and/or team activities conducted by Dreams Gymnastics Club, Inc., may result in injury to my child, including but not limited to: minor to severe bumps, bruises, cuts and scrapes, minor to severe joint sprains to the shoulders, elbows, knees, ankles, feet and hips, minor to severe ligament and tendon sprains and tears, broken bones, minor to severe head injury, minor to severe neck sprains, and/or spinal cord damage which may result in paralysis. I acknowledge that I understand the inherent risks associated with gymnastics and dance training, including, but not limited to the above mentioned injuries, and consent to my child's participation in gymnastics and/or dance training with Dreams Gymnastics Club, Inc. _____

I have informed Dreams Gymnastics Club, Inc., in writing, regarding any and all medical conditions currently affecting my child and acknowledge that it is my continuing duty and responsibility to inform Dreams Gymnastics, Inc., in writing, of any and all new medical conditions which may affect my child while my child is enrolled with Dreams Gymnastics Club, Inc. _____

I agree that my initials and signature on this informed consent agreement are and shall be binding upon myself, my spouse (if applicable), my child, our heirs, executors, administrators, successors and assigns and that in the event of any claim or suit for or on behalf of my child or his/her estate, that I shall save, hold harmless and indemnify Dreams Gymnastics Club, Inc. and its officers directors, shareholders, employees, independent contractors, agents, successors and assigns for any liability or responsibility therefore and will pay on behalf of or reimburse to Dreams Gymnastics Club, Inc., any amounts paid by it with regard to any claim or suit to, or for the benefit of my child or to any third party, including reasonable attorney's fees and costs. _____

(Parent/Guardian)

(Parent/Guardian)

Date

(Dreams Gymnastics Club, Inc.)

(Child, if over 13 years of age)

Dreams Gymnastics Club, Inc., Waiver and Release

I, _____ the undersigned, on behalf of my child, _____, and my child's father/mother (circle one) _____ with my initials and signature hereby acknowledge that I have received, read, discussed with a representative of Dreams Gymnastics Club, Inc. and understand Dreams Gymnastics Club, Inc.'s, Informed Consent Agreement and the potential injuries which may occur to my child as a result of his/her enrolment and participation in any and all gymnastics and/or dance classes, programs, lessons, competitive teams and training at or on behalf of Dreams Gymnastics Club, Inc. I acknowledge that the injuries set forth in Dreams Gymnastics Club, Inc.'s Informed Consent Agreement is not comprehensive and that participation in gymnastics and/or dance training, classes, programs and lessons is an inherently dangerous activity. I attest that I have signed Dreams Gymnastics Club, Inc.'s Informed Consent Agreement freely and voluntarily. _____

I further acknowledge that I have received, read, discussed with a representative of Dreams Gymnastics Club, Inc. and understand Dreams Gymnastics Club, Inc.'s Rules and Regulations. I acknowledge that Dreams Gymnastics Club, Inc.'s Rules and Regulations have been developed by Dreams Gymnastics Club, Inc. to ensure the safety of all individuals who participate and observe the classes, lessons and programs offered by Dreams Gymnastics Club, Inc. I understand that my and/or my child's failure to comply with Dreams Gymnastics Club, Inc.'s Rules and Regulations may result in serious injury to me or my child, including but not limited to those injuries set forth in Dreams Gymnastics Club, Inc.'s Informed Consent Agreement. I acknowledge that if I fail to comply with Dreams Gymnastics Club, Inc.'s Rules and Regulations I may be asked to vacate the premises and that my child's enrollment in Dreams Gymnastics Club, Inc.'s program may be terminated without refund. I attest that Dreams Gymnastics Club, Inc.'s Rules and Regulations have been reviewed and explained to my child and me by a representative of Dreams Gymnastics, Inc. and my child and I will follow the Rules and Regulations as set forth by Dreams Gymnastics Club, Inc. _____

I, _____ on behalf of myself, my child _____ and my child's father/mother (circle one) _____, after having received, read, discussed and fully considered Dreams Gymnastics Club, Inc.'s Informed Consent Agreement and Rules and Regulations, hereby waive, release and discharge Dreams Gymnastics Club, Inc., its officers, directors, shareholders, employees, independent contractors, agents, successors and assigns from any and all responsibility of liability for any and all injuries and/or damages sustained or allegedly sustained, by me or my child, or our respective property, for any and all claims or causes of action arising, or allegedly arising out of my child's enrollment and participation in any and all of Dreams Gymnastics Club, Inc.'s gymnastics and/or dance classes, lessons, programs, competitive teams and training at or on behalf of Dreams Gymnastics Club, Inc.

I agree that my initials and signature and the initials and signature of my child (if applicable) on this Waiver and Release are and shall be binding upon myself, my spouse (if applicable), my child, our heirs, executors, administrators, successors and assigns and that in the event of any claim or suit for or on behalf of my child or his/her estate, that I shall save, hold harmless and indemnify Dreams Gymnastics Club, Inc., and its officers directors, shareholders, employees, independent contractors, agents, successors and assigns for any liability or responsibility therefore and will pay on behalf of or reimburse to Dreams Gymnastics Club, Inc., any amounts paid by it with regard to any claim or suit to, or for the benefit of my child or to any third party, including reasonable attorney's fees and costs. _____

(Parent/Guardian)

(Parent/Guardian)

(Dreams Gymnastics Club, Inc.)

(Child, if over 13 years of age)