



Informed Consent Agreement

I, _____ the undersigned, represent that I am the parent and/or legal guardian of _____ ("Participant"), and on behalf of myself, Participant and _____, Participant's other parent and/or legal guardian, consent to Participant's participation in activities which include, without limitation, 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., Participant'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 Participant, 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 Participant'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 Participant and acknowledge that it is my continuing duty and responsibility to inform Dreams Gymnastics Club, Inc., in writing, of any and all new medical conditions which may affect Participant while Participant is enrolled with Dreams Gymnastics Club, Inc.

In consideration for honoring Participant's request to participate in activities conducted by Dreams Gymnastics Club, Inc., I, for myself, Participant, Participant's other parent/guardian and their respective executors, administrators, and assigns, do hereby release and forever discharge Dreams Gymnastics Club, Inc. and its officers, directors, shareholders, employees, independent contractors, agents, successors and assigns from any claims that may be brought with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, or in any manner arising out of the Participant's participation in the applicable activity.

I agree that my signature on this informed consent agreement is and shall be binding upon myself, Participant's other parent and/or guardian(s) (if applicable), Participant, and our respective heirs, executors, administrators, successors and assigns and that in the event of any claim or suit by, for, or on behalf of Participant or his/her estate or such other parent and/or guardian, 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 Dreams Gymnastics Club, Inc., any amounts paid by it with regard to any claim or suit by, to, or for the benefit of Participant or to any third party, including reasonable attorney's fees and costs.

(Parent/Guardian)

(Parent/Guardian)

Date