

Release of Liability and Indemnity Agreement

Cobra Gymnastics & Dance Center, LLC

I am fully aware of and appreciate the risks, including catastrophic injury, paralysis and death, as well as other injuries, damages, and losses that may result from participation in gymnastics or dance activities and events.

On my own behalf, and on behalf of my representatives and heirs, I hereby voluntarily agree to release, hold harmless and indemnify Cobra Gymnastics & Dance Center, L.L.C., its officers, directors, agents, heirs, assigns and employees (hereinafter collectively "Cobra"), from any and all claims for personal injury, property damage or wrongful death, and any damages resulting therefrom, that may arise out of, or in any way related to, my participation in activities involving Cobra and travel related to such participation. I understand that this release is intended to discharge in advance Cobra from and against any and all liability arising out of, or in any way related to, my participation in activities involving Cobra, and related travel, even though liability may arise from Cobra's negligence, or other conduct by Cobra. This agreement shall not apply to claims that for public policy reasons, are not subject to waiver or release.

I have read and understand the terms of this release of liability and indemnification agreement, and I agree to be bound by its terms.

Child(ren) Participant's Name (Please Print)

Parent or Guardian's Name (Please Print)

Adult Participant's Name (Please Print)

Signature of Adult Participant or Parent/Guardian on behalf of Child Participant

Date

Permission to Render Emergency Aid

I, the parent or legal guardian of the above-named minor, or on behalf of myself, fully understand that Cobra Gymnastics & Dance Center, L.L.C. staff members are not physicians or medical practitioners of any kind. With the foregoing in mind and in the event that any kind of injury or illness should occur to my child or myself while on Cobra premises, I hereby authorize Cobra staff members to render first aid as deemed necessary in their discretion and/or to seek medical assistance, including calling 911 or otherwise arranging for the transport of my child or myself to an appropriate medical facility for treatment. Additionally, I hereby authorize any trained and licensed medical professional to administer emergency medical treatment to my child or myself should injury or illness occur in my absence. I understand that Cobra will make every effort to promptly notify me of any such emergency.

I have read and understand the above Permission to Render Emergency First Aid and I hereby give my express written consent to its provisions.

Signature (Parent/Guardian or SELF)

Date

IF TAKING A ONE TIME DROP-IN CLASS OR A TRIAL CLASS, PLEASE FILL OUT THIS SECTION

*Mandatory Information

*Emergency Contact Person	*Emergency Contact #
Your Phone #	
Your Email (to be put on our mailing list)	