



**Assumption of Risk / Waiver of Liability / Medical Authorization**

Child's First Name	Child's Last Name	
Date of Birth	Hospital of Choice in Event of Emergency	
Parent/Legal Guardian's Name	Cell Phone Number	Home Phone Number
Additional Emergency Contact Name	Cell Phone Number	Home Phone Number

**WARNING**

**Before using any and all equipment at Olmsted Performing Arts Corp, the participant must be under the supervision of an Olmsted Performing Arts Corp instructor. Participants must know and understand their limitations and the limitations of the equipment. Due to the nature of the activities available at Olmsted Performing Arts Corp, it is each parent's responsibility to be certain that his/her child is physically and mentally working within his/her personal limitations. Olmsted Performing Arts Corp will not be held accountable for the participating working beyond his/her individual limitations.**

- (1) I recognize that severe injuries, including permanent paralysis or death can occur in gymnastics, dance, theatre, and fitness-related activities. I understand and agree that no matter how careful the student and instructor are, this risk cannot be eliminated. The risk of injury includes, but is not limited to, minor injuries such as bruises and muscle strains to more serious injuries such as broken bones, dislocations, and permanent injuries such as paralysis. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in activities associated with the Olmsted Performing Arts Corp.
- (2) In consideration for my child(ren)'s or my personal participation, I hereby, for myself and my child(ren), and our respective heirs and successors, promise not to sue and forever release Olmsted Performing Arts Corp, their respective officers, directors, shareholders, employees, contractors, and volunteers from all liability resulting from damages or injuries incurred as a result of participation, excluding those resulting from acts of negligence.
- (3) If injury should occur to my child(ren) while participating in Olmsted Performing Arts Corp activities or from any attempt to practice skills learned under the instructions of Olmsted Performing Arts Corp, I understand that all risk and responsibility is solely the student's. I accept full and total responsibility for any injuries to the student and agree to indemnify and hold harmless Olmsted Performing Arts Corp, its agents, representatives, and volunteers against any and all losses claimed or that may be claimed including legal fees, judgments, costs, penalties, and interest.
- (4) In the event of an accident or emergency, I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold Olmsted Performing Arts Corp and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at Olmsted Performing Arts Corp and will not hold Olmsted Performing Arts Corp financially responsible.
- (5) I am aware that individual and group publicity photos and videos may be taken from time to time and in consideration for my or my child(ren)'s participation, I hereby grant my permission for my child's likeness to be used in Olmsted Performing Arts Corp publicity or advertising.
- (6) I have had the opportunity to research other facilities offering gymnastics, dance, theatre, and fitness programming and realize the risk associated with these activities is similar at other facilities as it is at the Olmsted Performing Arts Corp facility.
- (7) I assert that I have full parental and/or custodial authority to waive liability and accept responsibility. I agree to hold Olmsted Performing Arts Corp harmless and indemnify them from any loss suffered as a result of a defense of any claim brought upon them including all costs and legal fees associated with the defense of such claim.
- (8) I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and PHOTO RELEASE and I voluntarily affix my name in agreement. This authorization has no time expiration and must be revoked in writing to Olmsted Performing Arts Corp, P.O. Box 543, North Olmsted, Ohio 44070.
- (9) I understand that as a spectator there is an inherent risk of being present in the gymnastics, dance, theatre, or fitness rooms. If I do decide to enter a classroom, I do so at my own risk. I agree to hold Olmsted Performing Arts Corp harmless and indemnify them from any loss suffered as a result of a defense of any claim brought upon them including all costs and legal fees associated with the defense of such claim related in any way to any injury suffered as a result of my presence in the gymnastics, dance, theatre, or fitness training areas.

Signature of Parent/Legal Guardian	Date
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