



DSA Birthday Party Child(ren)'s Waiver Form

Mom's Name: _____ Dad's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Mom): _____ Phone (Dad): _____

Email (Mom): _____ Email (Dad): _____

Emergency Contact: (non-parent): _____ Phone Number: _____

Consent and Liability Waiver - Release of all claims (must be signed to participate)

IN CONSIDERATION of being permitted to participate in any way in Gymnastics I, for myself for personal representatives, assigns, heirs, and next of kin: 1. ACKNOWLEDGE, agree, and represent that I understand the nature of Gymnastics, and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. 2. FULLY UNDERSTAND THAT: a. Gymnastics, or ANY OTHER ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); b. These Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; 3. HEREBY RELEASE, DISCHARGE, AND CONSENT NOT TO SUE DUSHYN SPORTS ASSOC., their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND

WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. 4. Participants understand that all pictures and videos of DUSHYN SPORTS ASSOCIATION LLC featuring them can and may be used for Official DUSHYN SPORTS ASSOCIATION LLC. media, marketing, and advertising. By signing below participants agree to the use of these pictures or videos by DUSHYN SPORTS ASSOCIATION LLC.

Guardian Information: (if under the age of 18 years old)

I agree to the terms of this waiver and release of claim on behalf of the minor identified and attest that I am at least eighteen and am responsible for this minor.

Parent/Guardian Last Name, First Name & Middle Initial
IN THE EVENT OF MY ABSENCE, I HEREBY GRANT DUSHYN SPORTS ASSOCIATION AND ITS REPRESENTATIVES THE PERMISSION TO SECIDE FOR AND / OR SIGN FOR PREVENTITIVE AND / OR EMERGENCY MEDICAL TREATMENT OF MY CHILD.

Parent/Guardian Signature Date: _____

Dushyn Sports Association LLC 6333 FM 318, Ste G, Baytown, TX 77523



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Participant Listing

Name: _____ Boy Girl Age: _____

Name: _____ Boy Girl Age: _____

Name: _____ Boy Girl Age: _____

Name: _____ Boy Girl Age: _____

Name: _____ Boy Girl Age: _____

Name: _____ Boy Girl Age: _____

Name: _____ Boy Girl Age: _____

Name: _____ Boy Girl Age: _____

Name: _____ Boy Girl Age: _____

Name: _____ Boy Girl Age: _____

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