

# International Gymnastics Camp

## RELEASES & AGREEMENTS

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### **NJ Martial Arts Academy**

I hereby release International Gymnastics School – Camp, Inc. (IGC), host facility to the NJ Martial Arts Academy, it's officers, employees, and agents from any and all liability, claims, demands, controversies, damages, actions and causes of action which may occur by reason of injury, death, loss of services or consortium, property damage and any and all other loss and damages of any kind and nature sustained by or resulting in the undersigned from the use of said gymnastics equipment and facilities.

This release shall bind the undersigned, their heirs, administrators and assigns. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction in Monroe County, Pennsylvania, and shall be construed in accordance with the laws of Pennsylvania. I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Monroe County, Pennsylvania, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

Participation in gymnastics activities involves motion, rotation and height in a unique environment and as such carries with it a reasonable assumption of risk. **WARNING:** Catastrophic injury, paralysis and even death can result from improper conduct of the gymnastics activity. Appreciate this **WARNING** as well as the fact that, even under the best of conditions, participation in gymnastics activities involves inherent risks on the part of the performer.

I understand that part of the clinic experience involves activities and group living arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the clinic's rules, and my child and I both agree that he will obey them.

This is to certify that the undersigned have carefully read and understand the above warning statements. In addition, the undersigned further certify that the inherent risks of gymnastics participation are adequately appreciated and that said participation is done on a strictly voluntary basis.

**EMERGENCY AUTHORIZATION:** I understand that I will be contacted as soon as possible in the event that my child is brought to Pocono Medical Center, orthopedist, local physician, dentist or health care provider. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the clinic director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child. This form may be photocopied for use out of camp. I hereby authorize any physician, dentist, health care provider or hospital to release any information regarding the history, treatment, x-rays or benefits payable concerning this claim to the camp director or medical officer or their authorized agent for the purpose of validating and determining further treatment or benefits payable in connection with the claim.

**LOST PROPERTY RELEASE:** I hereby release IGC of responsibility for personal items that may be lost, stolen or damaged.

### **SIGNATURES (BOTH MANDATORY)**

**Printed Name of Parent / Guardian** \_\_\_\_\_

**Signature of Parent / Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_

**I also understand and agree to abide with the restrictions placed on my clinic activities.**