



GymTek Academy
 5331 Western Avenue
 Knoxville, TN 37921
 (865) 225-1835 office

Group Release Form

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, each party signing below agrees to the terms and provisions of the following Liability Release:

Liability Release.

THE FIVE AGREEMENTS BELOW pertain to participation at and for GymTek Academy LLC. and their respective officers, employees, volunteers, subcontractors, tenants and other agents, hereafter collectively referred to as "GymTek".

1. CONSENT TO PARTICIPATE

As the parent(s) or legal guardian(s) of the student(s) named above, I hereby consent to their participation in any and all programs at GymTek and to the use of the facilities at GymTek. GymTek reserves the right to use any video or photographic images of your child(ren) for any lawful purposes.

2. PERPETUAL COVENANT NOT-TO-SUE

In consideration for my child(ren)'s or my participation at GymTek I hereby, for myself and/or my child(ren) and our respective heirs and successors, PROMISE NOT-TO-SUE and FOREVER RELEASE GymTek from all liability resulting from damages or injuries incurred as a result of participation at GymTek. This includes acts of ORDINARY NEGLIGENCE. I understand that this PERPETUAL COVENANT NOT-TO-SUE will apply to EACH AND EVERY OCCASION that my child(ren) or I visit or participate at GymTek and that this agreement REMAINS IN FORCE until I revoke it in writing.

3. ASSUMPTION OF RISK

I understand that sports and activities involving height or motion including but not limited to gymnastics, trampoline, and Ninja Zone, carry the risk of severe injury, including paralysis or death. I HEREBY ACCEPT ALL RISKS ASSOCIATED WITH MY CHILD(REN)'S OR MY PARTICIPATION at GymTek.

4. MEDICAL AUTHORIZATION AND INDEMNIFICATION FOR POSSIBLE FUTURE MEDICAL EXPENSES.

In the event of a medical emergency I authorize that my child(ren) and/or I be transported to a hospital for medical treatment and I hold GymTek harmless in the execution of such. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child(ren) or me as a result of any injury sustained while visiting or participating at or for GymTek.

	Student's Name	Parent's Signature
1		
2		
3		

Parent Info:

Parent Name: _____ Phone #: _____

Email: _____ Student Shirt Size: _____