

Birons Youth Sports Center

Participants Name: _____ **DOB** ____ / ____ / _____

Liability Release: Having been informed of the activities to be conducted in the program(s) in which I am enrolling named participant, I am aware of and appreciate that, despite all reasonable precautions implemented for safety, there are risks, including catastrophic injury, paralysis and death, associated with: participation in athletic programs, especially those which involve height and motion; activities in and around athletic equipment; being present in an athletic environment. I knowingly and willingly assume all such risks for both myself and all of my participants in program(s) or who are present in athletic environments. I have informed Biron Gymnastics Inc., Biron Elite Cheer LLC., Birons Kaia Fit LLC, and/or Birons Preschool Academy LLC. (collectively referred to as 'Birons') of any and all limitations on the activities in which my participant is permitted to engage as well as any physical or medical problems involving my participant which may jeopardize the safety of all staff and participants. Consequently, I hereby for myself, heirs, executors, and administrators, do waive and release any and all rights and claims for damages against the owners, operators, employees, and other members of Birons from personal injury, illness, or accident of any sort or nature suffered by me, the undersigned, or by my child or other dependents, by reason of presence at Birons, or participation in any instructional (including but not limited to gymnastics, dance, cheerleading, tumbling) programs, classes, camps, open gyms, parents' night out, parties, performances, special events or any other activity instructed and supervised by, or held within, Birons. I assume all risks and hazards incidental to program participation, including but not limited to transportation to and from these activities and any associated meets, competitions, recitals, and presentations. Birons reserves the right to limit any child to skills that can be safely performed according to his/her body weight, strength, and level of experience, as well as the right to remove from class(es) or day camp any student, participant, visitor or parent whose conduct of actions are dangerous to himself or others involved in the program. Birons reserves the right to operate, record, and retain video surveillance on premises for the safety of all students, parents, and staff.

Consent to Treat: I the undersigned parent or legal guardian, hereby authorize and consent to any emergency transportation for my child in the event s/he is injured while participating in classes or activities at or supervised by Birons. I authorize and consent to any medical examination, procedure, and diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the Medical Practice Act and /or the staff of any acute general hospital holding a current license to operate a hospital from the State of Texas Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment maybe deemed advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that the above treatment will not be withheld if the undersigned cannot be reached.

Photo Release: I hereby authorize Birons to publish photographs taken of my child(ren) in Birons' Programs and events, for use in Birons' print, online, and video based marketing materials. I hereby release and hold harmless Birons from any reasonable expectation of privacy associated with the images specified above. I acknowledge that my child(ren)'s participation is voluntary, and that neither I nor my child will receive financial compensation of any type associated with the taking for publication of these photographs. I also waive all rights of ownership and royalties. This authorization will remain in effect until I notify Birons otherwise in writing.

I have read, understand, and agree to the above ()YES

Signature Parent / Legal Guardian _____ **Date** ____ / ____ / _____