**ACK GYMNASTICS and FITNESS!**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am the parent/guardian of the above named minor child who is enrolled in gymnastics class with ACK Gymnastics and Fitness.

I understand that I am willingly and voluntarily enrolling my child in this activity and allowing them to participate in all activities within the class.

I understand that if a parent/guardian or emergency contact person named cannot be reached, that ACK Gymnastics is authorized to take the above named minor child to Nantucket Cottage Hospital for treatment when the need for such treatment is immediate. I acknowledge that I responsible for any and all charges for treatment and any subsequent care rendered during this period.

I understand that the above named minor child is enrolled in a class with ACK Gymnastics and Fitness that requires physical exertion and I am enrolling the above named minor child in this class because I believe they are physically capable of participating. I believe the above name minor child to be physically fit and I resume full responsibility for the risk of injury to the above named minor child.

I hereby release, discharge, covenant from all liability not to sue and agree to indemnify and save and hold harmless ACK Gymnastics and Fitness, Nantucket New School, Bartlett’s Farm, any and all employees or subcontractors working for ACK Gymnastics and Fitness from all claims, litigation expenses, attorney fees, loss liability, damage or bodily injury.

I understand that any pictures or videos taken during class may be used by ACK Gymnastics and Fitness for advertising purposes without compensation.

By virtue of my signature below, I attest that I have asked any/all questions and received satisfactory answers to any/all questions that I have had regarding this hold-harmless agreement.

I have read and fully understand and agree to all of the above information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s printed name