



## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of the USA Wheel Gymnastics Federation, American Sokol and TheCirquesExperience their events, classes, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "USAWGF"), I hereby agree to release, indemnify, and discharge USAWGF, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in circus training and activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** circus and gymnastic activities involve certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, circus students would not improve their skills, and the enjoyment of the activity would be diminished. Circus training exposes its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants can fall, sustain sprains and strains, and can suffer more serious injuries as well. Traveling to and from shows, meets and exhibitions raises the possibility of transportation accidents. In any event, if your child is injured, your child may require medical assistance, at your own expense. Furthermore, USAWGF employees, contractors and volunteers have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.
2. USAWGF will attempt to contact Participant's parent or guardian in case of illness or emergency. In the case of illness or emergency, and when in the judgment of USAWGF staff, emergency medical attention is warranted, Participant hereby authorizes the USAWGF staff to seek medical attention. If deemed necessary, Participant gives permission to be taken by the paramedics or ambulance to a hospital and for the doctor there to take whatever action is necessary to address the emergency.
3. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
4. I expressly agree and promise to accept and assume all the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate despite the risks.
5. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless USAWGF from all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of USAWGF gym wheel's equipment or facilities, **including any such claims which allege negligent acts or omissions of USAWGF.**
6. Should USAWGF or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
7. If I file a lawsuit against USAWGF, I agree to do so solely in the state of Illinois, and I further agree that the substantive law of Illinois shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.
8. I hereby grant USAWGF, its representatives and employees, successors and assigns, the right to take video/photographs of me and my property in connection with USAWGF. I further grant USAWGF permission to copyright, use and publish the same in all its publications, including websites, without payment or any other consideration. I understand and agree that these materials will become the property of USAWGF. I hereby irrevocably authorize USAWGF to edit, alter, copy, exhibit, publish or distribute the photo(s) for purposes of publicizing, illustrating and marketing USAWGF programs or for wherein my likeness appears, and I further waive the right to inspect or approve the finished product, including written or electronic copy, video/photograph(s).

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in the activity, I may be found by a court of law to have waived my right to maintain a lawsuit against USAWGF based on any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_  
(print minor's name)

("Minor") being permitted by USAWGF to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless USAWGF from all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**EMERGENCY CONTACT NAME** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Emergency Phone \_\_\_\_\_

**Which class/event are you singing up for?** \_\_\_\_\_