

**PARENT PERMISSION AND RELEASE AGREEMENT**

*\*\*Please read this form carefully before signing. This document will be kept in your child's file\*\**

(Child's name) \_\_\_\_\_ has my permission to try-out and or participate at Galaxy Elite Athletics, LLC (hereafter "GEA") and to participate in GEA activities. I, (Parent's name) \_\_\_\_\_, hereby acknowledge that I have been given the GEA Rules and Guidelines Form and have reviewed the rules and guidelines with my child. I fully understand that my child and I must abide by the GEA Rules and Guidelines.

**RELEASE AGREEMENT**

**Assumption of Risk.** As the parent/guardian of the child, I understand that potentially severe injuries, including permanent paralysis and death, can result from participation in gymnastics, cheerleading, tumbling, and other activities involving height and/or motion. Being fully aware of these potential dangers, I voluntarily consent to my child participating in any and all GEA programs, practices, camps, performances, competitions, and events. As the parent/guardian of the child, I voluntarily assume all risks associated with my child's participation in GEA programs, practices, camps, performances, competitions, and events.

**Liability Release and Authorization for Emergency Medical Treatment.**

- In consideration of the services and instruction provided by GEA, I, on my own behalf and on behalf of my child and our respective heirs, agents, executors, and assigns, hereby agree to hold GEA, its officers, directors, members, managers, employees, and agents, harmless for any injury or damage suffered by my child while under the instruction, supervision, and/or control of GEA, regardless of whether such injury or damage results from the negligence of GEA, its officers, directors, members, managers, employees, or agents.
  
- In consideration of the services and instruction provided by GEA, I, on my own behalf and on behalf of my child and our respective heirs, agents, executors, and assigns, hereby forever release GEA, its officers, directors, members, managers, employees, and agents, from any and all liability for injuries or damages suffered by my child while under the instruction, supervision, and/or control of GEA, regardless of whether such injury or damage results from the negligence of GEA, its officers, directors, members, managers, employees, or agents.
  
- I understand that GEA's staff members are not physicians or medical practitioners of any kind. However, I hereby authorize GEA, its officers, directors, members, managers, employees, and agents, to render temporary or basic first-aid to my child in the event of injury or illness. In the event of injury or illness requiring immediate medical attention, I further authorize GEA, its officers, directors, members, managers, employees, and agents, to obtain any necessary medical treatment for my child, including, but not limited to, emergency medical transportation. I agree to hold GEA, its officers, directors, members, managers, employees, and agents, harmless for any injury or damage that results while rendering aid to my child and/or while obtaining necessary medical treatment for my child.

**By signing below, I agree to all terms and conditions set forth in this Parent Permission and Release Agreement.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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