



WINGS Acrobatics Team
Thunderbird Adventist Academy
Consent and Assumption of Risk



I am fully informed of the normal inherent risks associated with gymnastics, and it is my desire to participate in Acro at Thunderbird Adventist Academy. With the consideration of participating in this activity, I hereby knowingly and intelligently assume the risks of harm and/or body injury to my person or property that are associated with or arise out of this activity.

I am fully aware that:

1. Gymnastics, with maneuvers involving body motion, rotation, and height, creates an increased risk for severe head, neck, or spinal injuries and even death.
2. The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe.
3. My negligence or the negligence of others may cause these risks and dangers.
4. There may be other risks not known or reasonably foreseeable at this time.

I have been instructed that prior to participation in any event, I am to inspect the facilities and equipment to be used, and to immediately advise the instructor if I believe anything is unsafe, and refuse to participate when such unsafe conditions are believed to exist.

I promise to abide by the gymnastic safety guidelines. I realize the guidelines are designed for my safety.

I am ____ years of age, and my parent/guardian and I have read and understood this entire agreement.

Signature of Student Athlete

Date

Signature of Parent/Guardian

Date