



LDC Tumbling Participation Agreement

MUST BE SIGNED IN ORDER TO PARTICIPATE

LeAnn's Dance Connection, recognizing it is our obligation to make our students and their parents aware of the risks and hazards associated with the sports of tumbling. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Tumbling can be dangerous and can lead to injury! While LDC maintains safety rules, it is the parents' responsibility to warn the child about the dangers of tumbling and injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instruction.

Therefore, in consideration of my child's membership in LDC Tumbling and my child's participation in LDC Tumbling classes, events and activities, I (parent), _____ agree to be bound by the following:

1. **Eligibility:** I agree to comply with the rules of LDC tumbling.
2. **Readiness to Participate:** My child will only participate in those LDC Tumbling classes, events, competitions and activities for which I believe he/she is physically and psychologically prepared.
3. **Medical Attention:** I hereby give my consent to LDC Tumbling to provide through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my child's participation.
4. **Waiver and Release:** I am fully aware and understand that participation in the programs at LDC Tumbling involve motion, rotation and a height in a unique environment which carries a risk of injury, including catastrophic injury, paralysis and death, as well as other damages or losses associated with participation in tumbling and other physical activities. I further agree that LeAnn's Dance Connection, along with the employees and directors of this organization shall not be liable for any losses or damages occurring as a result of my child's participation in the event, except where such loss or damage is a result of willful, wanton, or reckless conduct of one of the organizations or individuals identified above.
5. **Medical Insurance:** I agree and understand that as a participant in LDC Tumbling, my child must be covered by a health/medical insurance obtained by myself. I represent that I and my child are covered by primary health/medical/accident insurance through: _____. I further understand that LDC maintains insurance that is only secondary in nature for the purpose of covering claims not covered by my own primary insurance. I understand that this insurance does not cover co-payments or deductibles and that LDC and /or their insurer will not be liable to reimburse me for any copayment or deductible.
6. **Severability:** In the event that any section or portion of this agreement shall be invalidated by legal declaration, it shall have no affect on the validity and legality of any other portion or section of this agreement not invalidated.

Acknowledgement

I, _____, give permission for _____ to participate in tumbling activity at LeAnn's Dance Connection. As a parent or legal guardian, I hereby verify by my signature below that I fully understand and accept each of the above conditions, have reviewed the individual eligibility rules, and I am fully aware that with the participation in tumbling, comes the risk of injury to my child/ward. I understand the degree of danger and seriousness of risk of injury and assume responsibility for discussing such dangers with my child. I certify that my child has sufficient insurance to cover any injury sustained during the participation in LeAnn's Dance Connection classes and events and therefore agree to hold harmless LeAnn's Dance Connection for any such injury.

(Signature of Parent or Legal Guardian)

(date)