

Breasha Pruitt Elite Gymnastics

2949 N. St. Joe Evansville IN 47720 Email: office@bpelitegymnastics.com

CONSENT TO PUBLICATION /PHOTOGRAPH/ VIDEO RELEASE

Student Name: _____ Age: _____/D.O.B _____

I, _____ hereby grant Breasha Pruitt Elite Gymnastics, its' representatives and employees the right to take photographs of me, my property, and dependents in connection with the identified subject. I agree that Breasha Pruitt Elite Gymnastics may use such photographs/ videos/ print items with or without my name and for any lawful purpose, including for such purposes as publicity, illustration, advertising, and/or web content including Facebook, Instagram, Twitter, YouTube and all other web base sources). (Please Initial by your selection)

_____ I grant permission for Breasha Pruitt Elite Gymnastics/ BLP Enterprises LLC / to use these photographs/videos/ print form/ and I understand that my participation is voluntary, and I will NOT be financially compensated. I further consent to the use of my name or the participant(s)'s name in connection with such materials and agrees that such materials and negatives shall constitute the property of Breasha Pruitt Elite Gymnastics with full right distribution.

_____ I grant permission for Breasha Pruitt Elite Gymnastics to use these photographs, electronically for any use including, but not limited to, advertising, promotions, on social media, and on the Breasha Pruitt Elite Gymnastics web site. I understand that my participation is voluntary, and I will NOT be financially compensated.

_____ I DO NOT grant permission for Breasha Pruitt Elite Gymnastics to photograph/ print or use videos of my son or daughter in any form of the business promotions or marketing.

Signature of Parent/ Guardian: _____ Date _____

Relationship to above student: _____ Phone: _____

Breasha Pruitt Elite Gymnastics

2949 N. St. Joe Evansville IN 47720 Email: office@bpelitegymnastics.com

MEDICAL PERMISSION

As parents or guardians, I understand that all participants and students are expected to carry their own Accident and /or Medical Insurance. Breasha Pruitt Elite Gymnastics Academy/ BLP Enterprises LLC. will not be responsible for payment of medical expenses regardless of the cause. Coaches and teachers are safety certified and follow proper safety procedures.

1. In the event of injury or illness, every effort will be made to contact the parents or guardians. If necessary, I authorize Breasha Pruitt Elite Gymnastics Academy/BLP Enterprises LLC. to administer first aid / or authorize medical treatment if it is needed.

_____ (Initial)

2. In consideration of participating at Breasha Pruitt Elite Gymnastics / BLP Enterprises LLC, I represent that I understand the nature of this Activity and that I am qualified, or my child is qualified and capable, in good health and in proper physical condition to participate in such Activity or am signing for my child who can participate in the Activity.

_____ (Initial)

3. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the Activity, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost and damages I incur, or my child(ren) may incur, as a result of my participation in this Activity. _____ (Initial)

4. I acknowledge that if I believe the Activity conditions are unsafe, I will immediately discontinue participation in the Activity. _____ (Initial)

5. EMERGENCY TREATMENT: In the event of an accident or emergency I would like the participant(s) to be taken to a hospital for medical treatment and I authorize B.P. Elite Gymnastics to do so but agree B.P. Elite Gymnastics is not required to request such treatment and is not responsible for that treatment. I agree to hold B.P. Elite Gymnastics and its representatives HARMLESS for any action or inaction related to such medical treatment. Additionally, I agree to pay all expenses incurred related to medical treatment and indemnify B.P. Elite Gymnastics from claims related to same. _____ (Initial)

On behalf of my child, I expressly agree and promise to accept and assume ALL OF THE RISKS inherent in gymnastics activities performed at Breasha Pruitt Elite Gymnastics. My child’s participation in activities at Breasha Pruitt Elite Gymnastics is purely voluntary, and I elect to have my child participate despite the risks.

By signing below, I understand the above information, I have read each statement and I agree:

Parent/ Guardian Signature _____
Date