

NHSGA Senior Showcase Invitational 2010

Athlete Agreement

Name of Athlete: _____

State: _____

Agreement: I agree to be bound to each of the following:

- 1. Readiness to Compete:** I plan on participating in the NHSGA Senior Showcase Invitational competition for which I believe I am physically and psychologically prepared to compete. Prior to participation in this NHSGA event, I will have practiced my exercises and will perform only those exercises, which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, and without injury.
- 2. Medical Attention:** I hereby give consent to NHSGA and the Host Organization, 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 participation in the NHSGA Senior Showcase Invitational.
- 3. Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastics event. I further agree that the NHSGA and the Host Organization, along with the employees, agents, officers and directors of these organization, shall not be liable for any losses or damages occurring as a result of my participation in this event, except where such loss or damages is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

Signature of Gymnast: _____

Date Signed: _____

As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in this event.

Signature of Parent or Guardian: _____

Date Signed: _____