



2031 Route 22, Brewster NY 10509 (845) 363-1554 [epicstudios@live.com](mailto:epicstudios@live.com) epicgym.net

### ACTIVITY WAIVER RELEASE OF LIABILITY

In exchange for participation in any activity, including but not limited to, Gymnastics, Cheer, Parkour, Circus, etc. organized by Epic Studios of New York, Inc. ("Epic Studios"), of 2031 Route 22, Brewster, New York, 10509 and/or use of the property, facilities and services of Epic Studios, I agree for myself and (if applicable ) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Epic Studios, or the employees, representatives or agents of Epic Studios.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Epic Studios for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Epic Studios, whether caused by the fault of myself, my family, Epic Studios or other third parties.
3. I agree to indemnify and defend Epic Studios against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Epic Studios.
4. I agree to pay for all damages to the facilities of Epic Studios caused by my or my family's negligent, reckless, or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under New York law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS & CONFIRM THAT THE PARTICIPANT DOES HAVE HIS/HER OWN HEALTH INSURANCE.

Dated: \_\_\_\_\_ Participant: \_\_\_\_\_ Under age 18? Y/N

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Signature (Parent/ Guardian if under 18) : \_\_\_\_\_

**Where did you hear about us?:**