



Waiver and Release Form



Use of Gymnastics Victoria Men's High Performance Gym (PC Building)

I, _____, agree that in using the facility known as the Gymnastics Victoria Men's High Performance Centre's gym for training conducted by Louise McDonald, Shachar Tal and coaching staff (i.e. *Extreme Movement – Shaq Tal*) I will assume all risk of injury that might result during my use of said facility and any apparatus I use during this time in training with Louise McDonald, Shachar Tal and coaching staff (i.e. *Extreme Movement – Shaq Tal*).

I fully understand that I am engaging in physical exercise and skills with the full understanding that injuries can and do occur in such training exercises as I will undertake in the above mentioned Louise McDonald, *Extreme Movement – Shaq Tal* Classes.

I agree to waive any claim or right that I might otherwise have to sue Gymnastics Victoria, its' High Performance coaching staff, employees, owners, officers, board members, the association, agents of the association and/or manufacturers of equipment for injuries which might occur as a result of my using the gym and apparatus therein known as the Gymnastics Victoria Men's High Performance Centre.

The above is regardless of any negligence on the part of Gymnastics Victoria, Gymnastics Victoria Men's High Performance Program Coaches / Staff.

That no action will be taken against Gymnastics Victoria, the Victorian Men's High Performance Centre and Program or staff members in the event I am injured while training on the site known as the Victorian Men's High Performance Centre gym and or apparatus.

I agree with the above and will abide by the rules and procedures set in place by the Victorian Men's High Performance Head Coach / Program Manager and the director of said program *Extreme Movement – Shaq Tal* / Shachar Tal and Louise McDonald.

I have read carefully and fully understand the conditions of use for the facility known as the Gymnastics Victoria Men's High Performance Centre gym. I also state that I am physically fit for the type of activity which will be conducted by the program known as *Extreme Movement – Shaq Tal* conducted by Louise McDonald, Shachar Tal and coaching staff.

I also state that I am over 18 years of age. ____ Yes ____ No

If not, please have parent / guardian sign permission for you to take part in the program known as Louise McDonald, *Extreme Movement – Shaq Tal* conducted at the Victorian Men's High Performance Centre.

Participant Signature _____ B/Date _____ Date _____

Parent/Guardian Signature _____ Date _____