

# FRANKLIN TUMBLERS, LLC

## MEDICAL AUTHORIZATION, RELEASE, AND INDEMNIFICATION AGREEMENT

As the parent(s) or legal guardian(s) of \_\_\_\_\_;  
(Participant's Printed Name)  
\_\_\_\_\_; \_\_\_\_\_;  
(Participant's Date of Birth) (Participant's Primary Residential Address)

a child under the age of eighteen (18) years (the *participant*) and having requested permission for her / him to participate in gymnastics, tumbling, and all related activities provided by Franklin Tumblers, LLC, a Kentucky limited liability company, I / we hereby, individually and on behalf of the *participant*, fully authorize and request that Franklin Tumblers, LLC, within its reasonable judgment and discretion, obtain medical attention including reasonable transportation by ambulance or otherwise, in the event that the *participant* becomes ill or is injured while present or participating in gymnastics, tumbling, or any related activities provided by Franklin Tumblers, LLC. It is hereby verified that the *participant* has adequate health insurance coverage to pay for all such medical services; and that otherwise, I / we, individually and on behalf of the *participant*, hereby assume full responsibility for the payment of any such medical expenditures, and hereby release Franklin Tumblers, LLC, its owners, agents, employees, instructors, and other representatives, from all liability regarding the exercise of such judgment and discretion to seek and obtain medical treatment for the *participant* and hereby agree to indemnify and hold harmless Franklin Tumblers, LLC, its owners, agents, employees, instructors, and other representatives, regarding any and all related medical service bills and attendant expenditures.

This medical release shall further constitute my / our permission as the parent(s) or guardian(s) of the *participant* for all emergency personnel and related medical service providers to examine, evaluate, address, treat, diagnose, and remedy any and all reasonable, emergency medical needs of the *participant* due to illness and /or injuries arising from, or related to, gymnastics, tumbling, and all related activities provided to the *participant* by Franklin Tumblers, LLC.

PARENT(S) / LEGAL GUARDIAN(S):

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_/\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_/\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Cell Phone)

\_\_\_\_\_  
(E-Mail Address)

\_\_\_\_\_  
(Emergency Contact Name)

\_\_\_\_\_  
(Cell Phone for Emergency Contact)