

Permission & Liability Release Gymnastics & Tumbling

Today's date		
1st - Student's Full Name		Male/Female Birthdate:/
2 nd - Student's Full Name		Male/Female Birthdate:/
3 rd - Student's Full Name		Male/Female Birthdate://
Home Phone Addr	ess	City StateZip
Mother's Full Name	Phone Number _	E-mail
Father's Full Name	Phone Number _	E-mail
Emergency Contact	Phone	Health Insurance Carrier
** Please declare any physical proble list any mental or special custody situ		ose of adults who are participating with or without a child) an for us to be aware of:
and property of said Majestic, the unders and on behalf of the participant, release a all liability, claims, demands, and causes be sustained by the participant and/or the premises under the control and supervision premises, or while at any premises or pla or employees. Assumption of Risk - Participation	igned, for themselves, and/or being to and hold harmless Majestic Gymnast of action whatsoever, arising out of undersigned, while in or upon the pon of Majestic Gymnastics., its owned to when activities sponsored by or point physical activities can involve more	participation in Majestic Gymnastics activities, while on the premise the legal and acting guardian of participant, acting for themselves tics, its owners, officers, employees, and agents of and from any and or related to any loss, damage, or injury, including death, that may premises upon which Majestic Gymnastics is conducted, or any ers, officers, employees, or agents or in route to or from any of said participated in by Majestic Gymnastics, its owners, officers, agents, otion, rotation, and height in a unique environment and as such
control of said corporation, knowing thei the time the participant or the undersigne loss, damage, or injury that may be susta premises described above. The corporation shall not change, alter, or increase the lia signing this Release, the undersigned ack a) That he/she has read thore	r present condition and knowing that d is upon said premises. The understand by the participant(s) and/or the on may but shall not be obliged to cability of the corporation to the participant of the corporation to the participant of the corporation to the participant of the part	ant(s) choose to voluntarily enter upon said premises under the at said condition may become more hazardous and dangerous during signed and the participant(s) voluntarily assume any and all risks of undersigned or any property owner by them while on or upon said arry insurance on the participant(s), and the existence of insurance cipant and the undersigned or affect the terms of this Release. In the terms of Registration and Release and signs it voluntarily. all Guardian is, in fact, the true and legal guardian and has the
	Medical Re	
	able to reach any parent or guardian.	employees, and/or agents to seek emergency medical treatment for a. The undersigned also agrees that they themselves will be
	Marketing R	
		ds, promotional videos, website material, or various other marketing not be given or sold to outside companies or individuals.
Parent/Guardian Signature		Date

Participant Signature if over 18 years of age ______ Date ____