



Gymnastics ♦ Obstacle Warrior ♦ Strength Training

As legal guardian of my designated student(s), I hereby consent to all student(s) participating in this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, obstacle training, gymnastics, and physical activity in general.

I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

Your Name (please print legibly) _____ Your D.O.B ____/____/____

Relationship: Parent Legal Guardian Participant

Child(s) Name(s) (print) _____ Child(s) birthdate(s) ____/____/____

Emergency Contact (print) _____ Phone # _____

Signature _____ Date _____

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