



All American Gymnastics



Release Form

ENTIRE FORM MUST BE COMPLETED BEFORE PARTICIPATION

RESPONSIBLE PARTY INFORMATION

*NAME (Please Print) _____

*CELL # _____ *EMAIL _____

*ADDRESS _____

	<u>Participant's First & Last Name (Adults & Children)</u>	<u>Birth date</u>	<u>Gender</u>
1.	_____	__/__/____	____
2.	_____	__/__/____	____
3.	_____	__/__/____	____
4.	_____	__/__/____	____

I, _____ hereby waive all claims, action, causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever which the undersigned may hereafter accrue on account, or is any growing out, of any and all known and unknown, foreseen and unforeseen bodily injuries and property damages and consequences thereof resulting from any and all instruction and activity of Myself and/or Child (if participant) and hereby assume all risks incident thereto. I acknowledge that All American Gymnastics is not an insurer against injury.

I further certify that I have medical coverage. _____ **(Signature)**

 (Check box if over 18 yrs old) **Signature of Participant** **Date (Required)**

Parent Name (Please Print) **Parent Signature** **Date (Required)**

