



REGISTRATION, WAIVER AND RELEASE FORM

Print Name of Participant _____

Birthday _____ Age _____

Main Phone # _____ - _____ - _____ Emergency # _____ - _____ - _____

Address _____

City _____ Zipcode _____

Parent Full Name _____

Cell Phone# _____ - _____ - _____

Parent Full Name _____

Cell Phone# _____ - _____ - _____

Email address _____ @ _____

I, the undersigned or parent/legal guardian of the individual named above, do hereby waive, release, and forever discharge all claims against Acrobatic Gymnastics Academy, LLC (AGA) for damages, death, personal injury and property damage which may result from attending and participating in classes, pre-team or team training and, special events at AGA and any other recreational gymnastics related activities.

I understand that accidents can occur during acrobatic training and/or any gymnastics related activities. Knowing the risks of these activities, I do hereby agree to assume all risks or damages resulting from such activities. By signing this waiver of liability, I release and hold harmless AGA and AGA instructors, employees and/or the owner from any liabilities.

I give AGA my permission to use photos and videos of the above students for advertising purposes. By enrolling in classes or participating in any gymnastics related activities and/or special events, I agree to abide by and adhere to all policies as set forth by AGA.

Parent/guardian
Signature

Print Name

Date signed