Full Name:		Date of Birth://Male/Female
Address/City:		
Phone:	Cell:	E-Mail:
RELEASE AN		ILITY, ASSUMPTION OF RISK, AND AGREEMENT
good health, and in proper pare unsafe. I will immediate serious bodily injury, include those of others participating below; and that there may be	ohysical condition to participate in sely discontinue my participation in thing permanent disability, paralysis in the event, the conditions in which other risks either not known to me	I understand the nature of this activity and that I am qualified, in such an activity. I acknowledge that if I believe event conditions the activity. I fully understand that this activity involves risks of and death, which may be caused by my own actions, or inactions, ch the event takes place, or the negligence of the Releasees named the or not readily foreseeable at the time and I fully accept and I damages I incur as a result of my participation in the activity.
directors, officers, voluntee of premises on which the ad losses, or damages on my a otherwise, including neglig of risk I, or anyone on my b	rs, and employees, other participant ctivity takes place, (each considered ccount caused or alleged to be cause ent rescue operations, and future ag behalf, makes a claim against any of	Gymnastics, LLC, its respective owners, administrators, coaches, ts, any sponsors, advertisers, and, if applicable, owners and lessors I one the "Releasees" herein) from all liability, claims, demands, ed in whole or in part by the negligence of the Releasees or gree that if, despite this release, waiver of liability, and assumption of the Releasees, I will indemnify, save, and hold harmless each of any may incur as the result of such claim.
understand that I have given of any nature and intend it t	n up substantial rights by signing it to be a complete and unconditional i	ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and have signed it freely and without any inducement or assurance release of all liability to the greatest extent allowed by law and the balance, notwithstanding, shall continue in full force and
participate in such activity. HOLD HARMLESS each calleged to have been caused operations, and will further above Releasees, I WILL II	I hereby release, discharge, coverage of the Releasees from all liability, claim whole or in part by the negligen agree that if, despite this release, I,	s, and my experience and capabilities and believe I am qualified to ant not to sue and AGREE TO INDMNIFY AND SAVE AND laims, demands, losses or damages on my account caused or acc of the Releasees or otherwise, including negligent rescue or anyone on the my behalf makes a claim against any of the HARMLESS each of the Releasees from any litigation expenses, ay incur as a result of such claim.
I also give my permission for	or photography of my child to be us	sed by Panhandle Gymnastics, LLC.
Printed Name		Date

Signature____