ALL AMERICAN GYMNASTICS RELEASE FORM

PARTICIPANTS (Required Information)

Last Name	First Name	Birthdate	Last Name	First Name	Birthdate
Last Name	First Name	Birthdate	Last Name	First Name	Birthdate

Address	City	State	Zip	Phone Number

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 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)

☐

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

Parent Name (Please Print) Parent Signature

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Parent Name (Please Print) Parent Signature