



ALL AMERICAN GYMNASTICS RELEASE FORM

ENTIRE FORM MUST BE COMPLETED BEFORE PARTICIPATION

RESPONSIBLE PARTY INFORMATION

*NAME (Please Print) _____

*CELL # _____ *EMAIL _____

*ADDRESS _____

Participant's First & Last Name (Adults & Children)	Birth date	Gender
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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)**

<input type="checkbox"/>	Signature of Participant	Date (Required)
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Parent Name (Please Print)	Parent Signature	Date (Required)
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