



Registration and Liability Waiver

Child's Name: _____ Age: _____ Date of Birth: _____

Child's Name: _____ Age: _____ Date of Birth: _____

Child's Name: _____ Age: _____ Date of Birth: _____

Child's Name: _____ Age: _____ Date of Birth: _____

Primary Contact Person: _____ Relationship _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Emergency Contact Name: _____ Relationship _____

Phone _____

WAIVER AND WARNING

Participation in gymnastics involves motion, height, and rotation in a unique environment and as such involves risk of injury, paralysis, and even death.

I/we _____ the parent(s)/guardian(s) of above named children, hereby agree to individually protect the future medical expenses incurred as a result of injury sustained while participating in any gymnastics practice, open gym, exhibition, or program offered at the Infinite Gymnastics facility. In addition, we agree that Infinite Gymnastics., their owners, operators, agents, and coaches shall not be held liable for any injury sustained by our child while under their care and control. We acknowledge the risks involved in allowing our child to participate in gymnastics at Infinite Gymnastics. We understand and accept those risks. This agreement and waiver, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

PHOTO RELEASE

I hereby grant Infinite Gymnastics permission to use, for promotional purposes, photographs and/or videos of my child taken during my child's class or other gym activities.

Signature _____ Date _____



Where the possibilities are Infinite!