WELCOME TO GYMNASTICS EXPRESS TOO!

NAME:_____ AGE:_____ DOB: _____

NAME:_____ AGE:_____ DOB: _____

NAME:_____ AGE:_____ DOB: _____

PARENT'S NAME: _____ PHONE: _____

EMAIL: _____

Any allergy or General Health Issues we should know about?

_____

Please Read and Sign Below.

I understand the sport of gymnastics involves certain risks and recognize those potentially severe injuries, including but not limited to permanent paralysis or death can occur in any activity involving height or motion. I voluntarily consent to the above mentioned person participating in Chagnon & Scanlon, LLC DBA Gymnastics Express Too. Programs and accept all risks associated with that participation. In consideration for allowing my child to use these facilities, I hereby forever release and covenant not to sue Chagnon & Scanlon, LLC DBA Gymnastics Express Too, its officers, employees, volunteers and others associated with the corporation from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Chagnon & Scanlon, LLC DBA Gymnastics Express Too. As legal guardian of the above mentioned child, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained in training or performance for Chagnon & Scanlon, LLC DBA Gymnastics Express Too. I have read and understand this acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

_____ _____

Parent or Legal Guardian's Signature Date

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