

Participant's Name: _____

Age: _____



Parent/Guardian Phone Number: _____

Please read this form carefully and beware that in registering yourself or minor child/ward for participation in the program, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the Three Rivers Gymnastics program. Also, you will be agreeing to promptly pay all fees associated with your child/ward's participation in the program.

I recognize and acknowledge that there are certain risks of physical injury to participate in the program and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which I or my child/ward may sustain as a result of participating in any activity connected or associated with any such program. I waive and relinquish all claims that I, my insurer, or my child/ward may have against Three Rivers Gymnastics and its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I or my child/ward may accrue to me or my child/ward on account of participation by myself or my child/ward in the program.

____ I understand that pictures may be taken and posted. Pictures may be used throughout Three Rivers Gymnastics (online and physical.) I okay the posting of my child(ren)'s pictures. (Please initial space if okay.)

I have read and fully understand the above details and waiver and release of all claims.

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