

GYM WAIVER & RELEASE

I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in gymnastics activities and events.

I waive and release all rights and claims for damages that I may have at any time against Bismarck Gymnastics Academy, Inc. for damages suffered by me or my child in connection with my association or entry in gymnastics or other activities sponsored by Bismarck Gymnastics Academy, Inc.

I give Bismarck Gymnastics Academy, Inc. permission to use my son/daughters photograph on their website or in any other publications produced and distributed for advertising or publicity purposes.

Name of Participant _____

Address _____

City/State/Zip _____

Phone _____

Parent Name _____

Signature (parent or guardian) _____

Date _____

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