Lawrence Gymnastics & Athletics Liability Release

Participants First Name	Last Name	Age	Date of Birth	M/F	
Dads Name	Mom's Name		E-Mail Address	1	
Phone # Address	City	State	Zip		
As the parent or legal guardian of the Gymnastics Academy, Inc. and to cheerleading, dance and trampoling used, no matter how many mats at	he above named child(ren) I hereby consthe use of all facilities at Lawrence Gymne all carry a risk of physical injury. No make provided, and no matter how many time reliminated. I UNDERSTAND AND AC	sent to their participation pastics Academy, Inc. B atter how careful the stud es the skill may have be	in the programs offered by Li y the very nature of the activit dent and coach, no matter ho	awrence y, gymnastics, w many spotters a	
respective owners, officers, directoresent and/or future claims result damage or personal injury, arising activities incidental thereto while at As the parent or legal guardian of the may be incurred by my child as a runder the direction of Lawrence Grand intent. From time to time various Lawrence to the time to time various Lawrence.	cipation, I hereby release and covenant now respectively. The response of their employed as a result of my child's participation in good as a result of my child's participation in good as a result of my child's participation in good as a result of any child(ren), I hereby agreesult of any injury sustained while participy mastics Academy, Inc. or for any injury vaiver of liability, having been read thorounce Gymnastics Academy staff member of the respective of the result of	ees, teachers, coaches, of Lawrence Gymnastics lymnastics, cheerleading ver, whenever, or howevee to individually protect pating in any program of a sustained on the premisually and understood copers may take photogram	or agents, and successors from a second seco	om any and all ed for property her activities, or an all expenses which apetition at, for, or as to its content	
Parent/Guardian Signature			Date		
Lawr	rence Gymnastics & A	Athletics Lial	oility Release		
	Tence Gymnastics & A	Athletics Lial	Date of Birth	M/F	
Lawr Participants First Name Dads Name	·		•	M/F	
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Participants First Name Dads Name Phone # Address ACKNOWLEDGM As the parent or legal guardian of to the parent or legal guardian of the parent of the pa	Last Name Mom's Name City ENT OF RISK, WAIVER OF LIA he above named child(ren) I hereby cons the use of all facilities at Lawrence Gymn e all carry a risk of physical injury. No ma re provided, and no matter how many tim	Age ABILITY, AND INDE sent to their participation lastics Academy, Inc. B atter how careful the studes the skill may have be CEPT THAT RISK. Inot-to-sue Lawrence Gymes, teachers, coaches, of Lawrence Gymnastics lymnastics, cheerleading ver, whenever, or howeve ee to individually protect porting in any program of a sustained on the premise ughly and understood co pers may take photogra pers may take photogra Age Age Age Age Age Age Age Ag	Date of Birth E-Mail Address State Zip EMNIFICATION AGREE in the programs offered by L- y the very nature of the activit dent and coach, no matter hor ien performed successfully, the mastics Academy, and its aff or agents, and successors from a Academy, Inc., or others liste y, dance, trampoline or any offerer the same may occur. If for the possible future medical instruction, recreation or comeses. Impletely, is signed voluntarily	EMENT awrence y, gymnastics, w many spotters a he risk cannot be diliates, and their om any and all ed for property her activities, or ar al expenses which het its content	