GRAVITY
Gymnastics, Fitness & Parties

Date: _____

Client Information

Mother's Last Name	First Name	Cell Phone Number ( )
Father's Last Name	First Name	Cell Phone Number ( )
Address	City	State Zip ( )
Home Phone Number ( )	E-mail Address @	

1st Child: Last Name	First Name	DOB	Grade
2nd Child: Last Name	First Name	DOB	Grade
3rd Child: Last Name	First Name	DOB	Grade

Acknowledgement of Risk and Waiver of Liability

I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, use of inflatables, cheerleading, dance, ball sports, and martial arts. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all Gravity Gymnastics programs and accept all risks associated with that participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue Gravity Gymnastics, its officers, directors, share holders, employees, volunteers, and all other associated with the corporation(s) from liability for any and all damages and injuries suffered by my child or myself while under all instruction, supervision, or control of Gravity Gymnastics. I also understand that Gravity Gymnastics retains the rights to use any photographs, videotapes, motion pictures recordings, or any other record of events for publicity, advertising, or any legitimate purposes.

I have read and understand this acknowledgment of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent/Guardian Signature: _____ Date: _____

Print Name_____

Release and Medical Authorization

In the event of an injury requiring medical attention, I authorize Gravity Gymnastics to obtain medical treatment for my child, when I cannot be reached to provide consent at the time of injury. I understand that Gravity Gymnastics is not required to make a determination of the degree of injury other than making a good faith determination that medical attention is required, before seeking medical care.

I hereby agree to individually provide for all present and possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Gravity Gymnastics.

Parent/Guardian Signature: _____ Date: _____

Print Name_____