



ULTIMATE GYMNASTICS  
WAIVER & RELEASE FORM

I am aware that any activity at ULTIMATE Gymnastics, can pose the risk of serious injury and that participation exposes my child to that risk. I affirm that my child is medically qualified to participate and I will instruct my child to follow the coaches' instructions regarding techniques, training and other rules.

I further agree to release, indemnify and hold harmless Ultimate Gymnastics of Gurnee, LLC, its employees, representatives and/or agents from any and all liability for any and all claims, demands, damages, costs, causes of action and expenses, including, but not limited to, reasonable attorneys' fees arising from my child's participation in any activities at the gym. This release also allows the gym to use the gymnast's likeness for various reasons including for use in local newspapers, marketing/advertising, and the gym's website. This release and assumption of risk runs to my successors, assigns, heirs, administrators, executors, and any and all members of my family.

Participant: \_\_\_\_\_  
Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_



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