

You are invited to attend a FREE gymnastics class!

Class Name:			
Date:	Ti	me:	
Plea	se fill out the fol	llowing informa	tion:
Child's Name: Date of Birth:			
Date of Birth:		Age:	
Parent's Names:			
Address:			
City:	State:	Zip:	
Phone Number:			
Email:			
How did you hear a	ıbout us:		
proper physical condition activity involves risks of sor death, which may be controlled the participating in the event, the releasees named below foreseeable at this time; a responsibility for losses, coactivity. I hereby release, Ascension Athletics, its revolunteers, employees or owners of and lessors of on of the lessees herein) account caused or alleger releases or otherwise, indespite this release, waive behalf, makes a claim again harmless each of the releinder the controlled to the controlled the control	to participate in serious bodily injuicated by my own the conditions in white ward I fully accept a cost and damages discharge, and coespective owners, other participants from all liability clad to be caused in the cluding negligent represents any of the releases from any losserious bodily and a causes from any losserious bodily and a causes from any losserious bodily injuicated to be caused in the cluding negligent represents any of the releases from any losserious by my own the conditions are conditionally and a caused in the cause of the conditions are conditionally and the cause of the cause	uch activity. I fully ry, including perm actions, or inactic ch the event takes ay be other risks eand assume all sure all incur as a result venant not to sure administrators, does not a ctivity takes aims, demands, lie whole or part by the escue operations assumption of riskeases, I will inder	nanent disability, paralysis ons, those of others place, or the negligence of either known to me or not uch risks and all lt of my participation in the RK Athletics, LLC dba irectors, agents, officers, artisers, and if applicable, is place (each considered osses, or damages on my he negligence of the and future agree that if isk I, or anyone on my
is qualified to participate i	the minor's experi n such activity. I h ify and hold harml	ence and capabi ereby release, di less each of the r	lities and believe the minor scharge, covenant not to eleasees from any litigation
I have read the RELEASE A INDEMNITY AGREEMENT.		ABILITY, ASSUMP	TION OF RISK AND
Participant's name:		Da	ate:

in