Registration/Release Waiver



PARENTS OR GUARDIANS/EMERGENCY CONTACTS

Cell Phone	Name		Rela	tionship	
Address	Cell Phone	Texting OK?			
**Hi you opt out of our emails you will NOT receive any information from us including invoices, newsletters, and receipts. **Name	Home Phone	Work Phone			
Name Relationship	Address	City		_State	Zip
Name	Email (*REQUIRED)				
Cell Phone	*If you opt out of our emails you	will NOT receive any information from us including i	invoices, newsletters, and	d receipts.	
Cell Phone	Name		Rela	tionship	
How did you hear about us? Website Radio Facebook Television Newspaper Special Event Family/Friends STUDENT/CHILD #1 Name Male/Female Birthday /	Cell Phone	Texting OK?			
How did you hear about us? Website Radio Facebook Television Newspaper Special EventFamily/Friends	Home Phone	Work Phone			
How did you hear about us?	Address	City		_State	Zip
STUDENT/CHILD #1 Name Male/Female Birthday	Email				
STUDENT/CHILD #1 Name Male/Female Birthday		How did you he	ear about us?		
#1 Name	Website Radio Fa	•		Far	mily/Friends
#1 Name	STUDENT/CHILD				
#2 Name	310DENT/CITED				
#2 Name	#1 Name		_ Male/Female	e Birtho	day//
Allergies/Medical Conditions #3 Name	Allergies/Medical Co	onditions			
ASSUMPTION OF RISK – WAIVER OF LIABILITY – MEDICAL AUTHORIZATION – MEDIA RELEASE I, recognize that potentially sever injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, and cheerleading, I am also aware that participation in day camps, meets, halftimes, competitions, and other performances involves transportation to and from events and as a result I could be killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in and all Mismo Gymnastics Programs, camps, and activities and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing myself to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors hereby CONVENANT NOT TO SUE and FOREVER RELEASE Mismo Gymnastics, its officers, directors, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision or control of Mismo Gymnastics Inc., including without limitation those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents, In the event of an accident or emergency I would like the above-mentioned adult to be taken to a hospital for medical treatment and I hold Mismo Gymnastics, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by myself as a result of any injury sustained while participating at or for Mismo Gymnastics. MEDIA RELEASE: I am aware that parents, grandparents, media, employees, or other persons may take photos or videos on the Mismo Gymnastics premises and in consideration for my or my child(ren)'s participation I hereby grant my permission for my or my	#2 Name		_ Male/Female	e Birtho	day/
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Print Name Signature Date	I,, recognize that including but not limited to gymn other performances involves tran voluntarily consent to the aforem that participation. In consideratic executors, and successors hereby from all liability for any and all da without limitation those damages an accident or emergency I would representatives harmless in their incurred by myself as a result of a MEDIA RELEASE: I am aware that consideration for my or my child(publicity or advertising.	potentially sever injuries, including permanent para- pastics, tumbling, trampoline, and cheerleading. I am proportation to and from events and as a result I could pentioned person participating in and all Mismo Gym on for allowing myself to use these facilities, I, on my of CONVENANT NOT TO SUE and FOREVER RELEASE M mages or injuries suffered by my child while under the or injuries resulting from acts of negligence on the delike the above-mentioned adult to be taken to a hore execution of this action. Additionally, I hereby agree only injury sustained while participating at or for Mism parents, grandparents, media, employees, or other ren)'s participation I hereby grant my permission for season and season of the season	alysis or death can occur in also aware that participal do be killed in a vehicular annastics Programs, camps own behalf and the behalf and the behalf and the service of the instruction, supervision part of its officers, direct ospital for medical treatment of the individually provide from Gymnastics. persons may take photosor my or my child(s) likened	n sports or active ation in day cam ccident. Being fit, and activities a alf of my child arcers, directors, son or control of Pors, shareholder ent and I hold Nor all possible fut or videos on the ss to appear on	ities involving height or motion, ps, meets, halftimes, competitions, and ully aware of these dangers, I and I ACCEPT ALL RISKS associated with ad our respective heirs, administrators, thareholders, employees, or agents Wismo Gymnastics Inc., including as, employees, or agents, In the event of dismo Gymnastics, and its ture medical expenses, which may be a Mismo Gymnastics premises and in the internet or in electronic or printed
DIALIGIO	Print Name	Signature			Date