Universal Athletics

Participant Name:		DOB:	Age	<u>:</u>
Class:				
Guardian Name (if parti	cipant is under 18):			_
Emergency Contact:				
	Name:	Number:	Relation	
E-mail:				
To any person while practici any other way involved in gy	thletics is not responsibl ng, training, taking class ymnastics, cheerleading,	e for any injury (or loss/damage s, competing, participating in Op- preschool, or teams at Universal s, it's owners, officers, agents, of	e of property.) pen Gym, special events, den al Athletics for any reason wh	
employees, teachers, coacher of my engaging in, or receive	s, or agents from any and ing, instruction in gymna y occur. I hereby volunta	e covenant Not-To-Sue Universal d all present and future claims reastics, cheerleading, or any other arily waive any and all claims reast, or me.	esulting from wrongful death r activities incidental thereto	a, arising from the result , whenever, wherever, or
environment and as such the risks, including, but not limit serious injury to all bones, joincluding the active participation prevent serious injury. The riunderstand that participation leave me vulnerable to the re-	y pose a risk of injury. I ted to, death, serious necessints, muscles, and interration of a coach or a teach sk of harm may be limit in gymnastics including teckless actions of other participation.	g are vigorous sporting activities understand that gymnastics, check and spinal injuries resulting it had organs, and that mats, pits, and ther who will spot or assist in the ed by all of the safety equipmer g moving from event to event, contricipants who may not have conting in this activity with the known personal injury, or death.	perleading, and related activity in complete or partial paralysis and other safety equipment prepare e performance of certain skill at and trained coaches, but no conditioning, stretching, and complete control over their ac-	ties always involve certains, brain damage, and ovided for my protection list may be inadequate to ever totally eliminated. In other activities which may be tions or who may not see
		ersal Athletics and all other liste letics activities or any incidenta		
Universal Athletics to my far	mily estate heirs, assigns	ees or charges brought upon me s, or me. I understand that I am I and expectations of Universal A	neld accountable to pay any o	
is held invalid, the remainde proceedings shall be held wi	r of the waiver will conti thin the state of Kentuck signing this form, I am §	ad and as inclusive as permitted inue with full legal force and efficy. I affirm that I am of legal age giving up legal rights and or remain listed above.	fect. I further agree that the very and am signing this agreem	renue for any legal ent. I have read this form
		ograph, or that of whom I am le onal use, and/or other outlets to		
Parent's Signature:			Date:	
Athlete's Signature (<i>if o</i> v	ver 18 years of age):_		Date:	