

M&M Gymnastics Open Gym/Special Event Waiver:

Parent/Guardian Name:	Student Name:	Birthdate:	Male OR Female
Parent/Guardian Name:	Student Name:	Birthdate:	Male OR Female
Phone #:	Student Name:	Birthdate:	Male OR Female
Email:	Student Name:	Birthdate:	Male OR Female
Email:	Student Name:	Birthdate:	Male OR Female
<ul style="list-style-type: none"> I understand that participation in gymnastics involves risk and possible injury. I understand and agree that M&M and their staff will assume no responsibility for medical expenses incurred by my son or daughter as a result of injury at this facility. My child has no physical, mental or emotional problems that would interfere with participation in this program. I also agree to incur charges for this session. Hereby Release, waive, discharge and covenant not to SUE M&M Gymnastics, including its owners and employees, all for purposes herein collectively referred to as "Releases". FROM ALL LIABILITY, TO THE UNDERSIGNED AND THE PARTICIPANT(S), FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO MYSELF OR THE PARTICIPANT(S). WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERS. <ul style="list-style-type: none"> Hereby agree to indemnify and save hold harmless the releases and each of them FROM any loss, liability, damage, or cost they may incur arising out of or related to ANY ACTIVITIES whether caused by the Negligence of releases or others. 			
Parent/Guardian Signature:		Date:	

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