



Student Name _____
 Parent/Guardian Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

I, the parent or legal guardian of the minor listed above, acknowledge there are risks associated with the activities in which my child participates at Empire Gymnastics Academy. I knowingly and willingly assume all such risk, and I waive and release and agree to indemnify and save and hold harmless Empire Gymnastics Academy owners and employees from any claims should any injuries occur. I also approve and agree that any photographs or video taken by employees and agents of Empire Gymnastics Academy that include images of my child during activities will be solely used for Empire Gymnastics Academy's marketing or training.

I have read and understand thee policies and agree to fully comply.

 Parent/Legal Guardian

 Date

2001 Reliance Parkway, Bedford, TX 76021
 (817)355-0000

*****For Office Use Only*****

- Online account created
- Private Lesson
- Birthday Party
- Other _____



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