

## TOWERS GYMNASTICS PARTICIPATION FORM

In order for your child to participate at Towers Gymnastics, please fill out the following information below.

We will keep this form on file for one year and it will be renewed on an annual basis or as needed.

Parent Or Legal Guardian Name	Relation	Cell #	Email
Street Address	City	State	Zip Code
Parent Or Legal Guardian Name	Relation	Cell #	Email
Street Address	City	State	Zip Code

Child's Name (s)	DOB	AGE	Allergies / Medical

In consideration of your accepting this application, I the undersigned intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims I may have against Towers Gymnastics Inc, and its employees, successors and assignees for damages, injuries and/or claims which I might otherwise have arising out of said event. I attest and verify that I am physically fit for gymnastics activities. My physical condition has been verifies by a licensed medical doctor. If signed by a parent/guardian, the parent/guardian agrees to release and hold the above named organization and persons harmless of any claims and/or rights which may be asserted by or on behalf of the application. The parent also agrees to permit any photos/videos taken of their child to be used for advertising purposes.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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