

Waiver/ Release of Liability

Please Read Carefully

Student Name(s) (1)	
(2)	
(3)	
Waiver/ Release of Liability In consideration of the benefits derived from KiRin, Inc DBA Goldon Liability In consideration of the benefits derived from KiRin, Inc DBA Goldon Liability In consideration of the benefits derived from KiRin, Inc DBA Goldon Liability Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inc DBA Goldon Inconsideration of the benefits derived from KiRin, Inconsideration of the benefits derived from KiRi	d discharge the sponsoring organization many and all claims for personal hild or myself while participating in any discrivity and including any and all er from said injury or property damage
Medical Treatment Release I hereby give my consent to Gemini to provide, through a medical/athletic training attention, transportation, and emergenthe course of my/my child's participation.	
Publicity Release (optional) I hereby grant Gemini permission to use the image and likeness understand that said image and likeness may appear in variou to print and internet. I also understand that said use will be for compensation. I certify that I am authorized to grant such permissions at any time with written notice to Gemini Gymnastics & Initials	s media forms including but not limited commercial purposes and without mission. I may revoke the publicity
I agree that I understand the terms above and that I am signing	g voluntarily.
Signature of Parent or Guardian	Date
or Student Signature (18 or older)	Date
Clearly Print Name	