Universal Athletics

Student Name:	DOB:	Age:
Class:		
Father:		
Address		
Father Cell Phone:		
Mother Cell Phone:		
E-mail:	Child's School	<u>. </u>
DISCLAIMER: Universal Athletics is not responsible for any person while practicing, training, taking class, coany other way involved in gymnastics, cheerleading, proordinary negligence on the part of Universal Athletics, in In consideration of my participation, I hereby release comployees, teachers, coaches, or agents from any and all of my engaging in, or receiving, instruction in gymnastic however the same injury may occur. I hereby voluntarily future that may be made by family estate heirs, assigns, Further, I am aware that gymnastics and cheerleading an environment and as such they pose a risk of injury. I universal, including, but not limited to, death, serious neck a serious injury to all bones, joints, muscles, and internal including the active participation of a coach or a teacher prevent serious injury. The risk of harm may be limited understand that participation in gymnastics including m leave me vulnerable to the reckless actions of other part other students in the gym. I am voluntarily participating accept any and all inherent risks of property damage, per I further agree to indemnify and hold harmless Universal engaging in or receiving instruction in Universal Athletic may occur. In addition, I fully understand and agree to pay any fees Universal Athletics to my family estate heirs, assigns, of efficient and timely manner according to guidelines and I understand that this waiver is intended to be as broad a is held invalid, the remainder of the waiver will continu proceedings shall be held within the state of Kentucky. If fully and understand that by signing this form, I am givinegligence of Universal Athletics or any other person list	ompeting, participating in Open Gym, seschool, or teams at Universal Athletics it's owners, officers, agents, or employed ovenant Not-To-Sue Universal Athletics. It present and future claims resulting from the complete and all claims resulting from the complete and all claims resulting from the complete and that gymnastics, cheerleading, and spinal injuries resulting in complete organs, and that mats, pits, and other sair who will spot or assist in the performation by all of the safety equipment and train the oving from event to event, conditioning dicipants who may not have complete conging in this activity with the knowledge of ersonal injury, or death. All Athletics and all other listed for any and ics activities or any incidental thereto, we conclude the country of the c	for any reason whatsoever, including es. it's owners, booster club, and any of their om wrongful death, arising from the result incidental thereto, whenever, wherever, or mordinary negligence, both present and height and rotation in a unique and related activities always involve certain or partial paralysis, brain damage, and fety equipment provided for my protection nice of certain skills may be inadequate to ed coaches, but never totally eliminated. If it, stretching, and other activities which may introl over their actions or who may not see the risks involved and hereby agree to modulate to pay any outstanding balances in a eleptance and compliance of a service from intable to pay any outstanding balances in a eleptance that the venue for any legal gning this agreement. I have read this form
I am also aware and agree that my name and/or photogr website, Facebook page, facility, printed for promotional		
Parent's Signature:		Date:
Parent's Signature:		Date:

Athlete's Signature (if over 18 years of age):_______ Date:_____