

FlightSchool Gymnastics Center Inc.

Student's Name	Address	Home Phone	Birthdate	School Attended
Last	Street			
First	City/Zip			

Parent's Name	Relationship	Home Phone	Cell Phone	Billing Contact	Billing Address
Last					Street
First					City/Zip
Email Address: _____					

Parent's Name	Relationship	Home Phone	Cell Phone	Billing Contact	Billing Address
Last					Street
First					City/Zip
Email Address: _____					

Emergency Contact	Relationship	Home Phone	Cell Phone	Work Phone
Last				
First				

Please list any health conditions that may affect or hinder participation.

Release of Liability Waiver

Name of Parent/guardian _____

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses or damages on the minor's account caused or alleged to be caused, in whole or in part by the negligence of the "releasee's" or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named below, I will indemnify, save, and hold harmless each of these releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Signature of Parent or Guardian

Releasees
Philip and Lynette Sappington
USA Gymnastics

In addition I have read, understand and agree to FlightSchool Gymnastics Centers Policies and Procedures.

Date _____ Initials _____