

WAIVER AND RELEASE FORM
PLEASE READ THIS FORM CAREFULLY

By reading and signing this form, you are agreeing and aware that you are engaging in activities with Go Gymnastics Enterprises, dba Acrotex Gymnastics that include but are not limited to physical exercise equipment, club facilities, training and instruction. These activities could cause injury to you or others. In addition, while Go Gymnastics Enterprises, dba Acrotex Gymnastics uses reasonable and customary cleaning procedures, there is still some risk that you may come in contact with infectious pathogens. You are voluntarily participating in these activities and assume all risks of injury and liability that might result. You agree to waive any claims or rights you might otherwise have to pursue, legal or other action against Go Gymnastics Enterprises, dba Acrotex Gymnastics, the facility's owners, officers and employees, or agents for any reason. You have carefully read this waiver and declare you are sufficiently physically fit for any exercise program. It is always advisable to consult your physician before undertaking a physical exercise program

Child's Name _____

Parent or Guardian Signature _____

Phone Number _____ Date _____

