



**\*\*Please bring this form to the event signed and dated.\*\***

I, the undersigned, as parent/guardian of the guest, do hereby understand the following: I understand that the activities of gymnastics, that there are expected risks and dangers. I do hereby release the owners, staff, officials and participants of Agility Gymnastics and Fitness Academy from any actions and/or claims from injury due to equipment, injury and participation in classes and/or exhibitions, by gymnasts of Agility Gymnastics Academy. I have read and understand the conditions of the release form. If the guest is under the age of 18, a parent/guardian has read, understands and has signed and dated this form.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Agility Gymnastics and Fitness Academy  
160 Frankfort St, Versailles, KY  
859.879.0313



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