		FAMILY LAST NAME:	
In consideration of participating good health, and in proper phy unsafe, I will immediately discoinjury, including permanent discothers participating in the active and that there may be other rise.	in gymnastics I represent the sical condition to participate in ntinue participation in the acti ability, paralysis, and even dea ity, the conditions in which the sks either not known to me or	ON OF RISK AND INDEMNITY AGREE at I understand the nature of this activity in such activity. I acknowledge that if I belivity. I fully understand that this activity in ath, which may be caused by my own active event takes place, or the negligence of the not readily foreseeable at the time; and I is I incur as a result of my participation in the	and that I am qualified, in ieve event conditions are volves risks of serious bodily ons or inactions, those of the 'released names below'; fully accept and assume all
hereby release, discharge, and	d covenant not to sue Laketow	n Gymnastics, its respective administrator	s, directors, agents,
activity takes place, (each consaccount caused or allowed to be rescue operations and future a makes a claim against and of the damage, or cost which may income.)	idered one of the 'released' he be caused in whole or in part to gree that if, despite the releas he released, I will indemnify, so our as a result of such claim.	nd if applicable, owners and lessors of the ere in) from all liability, claims, demands, I by the negligence of the released or other waiver of liability and assumption of risk eave, and hold harmless each of the 'releam also releasing all liability and will no ontact with, have symptoms of, or test properties.	osses, or damages, on my wise, including negligent k, I or anyone on my behalf sed' from any loss, liability, of hold Laketown
have given up substantial rights intend it to be a complete and	s by signing and have signed in unconditional release of all lia	PTION OF RISK AND INDEMNITY AGREEME it freely, and without inducement or assur- bility to the greatest extent allowed by law notwithstanding, shall continue in full force	ance of any nature, and v and agree that if any
USE OF PHOTOGRAPHY, VII	DEO, AND SOCIAL MEDIA		
expressly grant Laketown Gymnastic of, and make any reproduction of the alter in any manner such likeliness in and Instagram, the exhibition and/or	es and any third party authorized by athlete's physical likeness and voic any media now known or hereafter online use, broadcast, theatrically, of	/ Laketown Gymnastics the right to film, videotape e and the irrevocable right in perpetuity to use, di devised, including but not limited to the following: or on television, cable, radio, or any motion picture orated, and in the advertising, exploiting, and pub	splay, and digitally enhance or social media such as Facebook film video tape, DVD, CD, or any
PARENTAL CONSENT			
the minor to be qualified to participate HARMLESS each of the releases, from further agree that if, despite this relea	e in such activity. I hereby release, all liability, claims, demands, losses ase, I, the minor, or anyone on the n	above referenced activities and the minor's experi discharge, and covenant not to sue and AGREE TO s, or damages on the minor's account including ne ninor's behalf makes a claim against any of the ab enses, attorney fees, loss, liability, damage, or cost	O INDEMNIFY, SAVE, AND HOLD gligent rescue operations, and love released, I WILL INDEMNIFY,
This release covers any and all			
Please circle below. If 'other' pl am the 1) Parent; 2) Legal Gu		of the	e minors listed below.
PARTICIPANT'S NAME	DATE OF BIRTH	PARENT'S NAME (PLEASE PRINT LEGIBLY)	PHONE NUMBER

STREET ADDRESS

EMAIL ADDRESS

SIGNATURE

CITY

ZIP CODE

/ /2023

DATE

PARTICIPANT'S NAME

PARTICIPANT'S NAME

DATE OF BIRTH

DATE OF BIRTH