

## Bump City Release Waiver

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PARENT \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

I agree that The Great American Gymnastic Express, Inc. along with the employees, agents, officers, and directors of this organization shall not be liable for any losses or damages occurring as a result of my child's participation in gymnastics, except where such loss or damage is the result of intentional or reckless conduct of the organization or individuals identified above, and I hereby waive and release any and all claims which may be made against The Great American Gymnastic Express, Inc. Although accidents are few, I am full aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, even death, as well as other damages associated with participation.

As legal parent or guardian of this athlete, I hereby verify by my signature that I fully understand and accept each of the above conditions for permitting by child to participate in gymnastics

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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