

1st Child's Full Na		Date of Birth: _			/_	Male /	Female			
2 nd Child's Full Name:					Date of Bir	th:	_/	/	Male	Female
Medical Info Legends Needs to Know?										_
Parents Names: Address/City:										
Home Phone: ()	Ce	ll: (_)	E-N	/Iail: _				
In consideration of good health, and in will immediately di injury, including per participating in the may be other risks of responsibility for lo I further acknowled diseases, including, risk, the risk of serie temperature will be assume all such risk for my participation	participating in GY proper physical conscontinue my child remanent disability, event, the condition wither not known to sses, cost, and dange, understand, ap but not limited to, but illness and deataken with a no-to sa, both known and exposure. In Legends facility to	YMNASTICS ondition to participate participate and a me or not remages I incurpreciate and a MRSA, Influth does exist buch thermomitunknown, evithe incident areduce risk a	S I representicipate on in the dideath, where event eadily for as a resurrence that uenza, and I acknown eter and wen if arithat Legand avoid	ent that I und in such Activ e activity. I fu which may be takes place, or reseeable at the lt of my child at my participal of COVID-19 wledge and go removed from sing from the ends is forced	derstand the naturality. I acknowledged by my classification in the negligence of th	e of this actified a control of the "raccept of the Actified at if my of the fire releases sition wear of ar	Actifulation Activity	vity an lieve every involutions, consees" in assume //. Apposure personal shows y if wan others e made jects. L	d that my covent conditions are d below all such rises to and illustranted. I key, and assurto online tragends Gy	ions are unsafe, I Serious bodily , those of others w; and that there sks and all ess from infectious may reduce this llness his/her knowingly and freely me full responsibility raining. When mnastics will not be
on our website. This I hereby release, dis volunteers, and emp Activity takes place account caused or a operations and futur against any of the R any may incur as the	charge, and coven ployees, other parti , (each considered lleged to be caused re agree that if, des eleasees, I will inc	ant not to succipants, any some the "REI d in whole or spite this releatemnify, save	e Legend sponsors LEASEE in part b ase, waiv	, advertisers, ES" herein) fr by the neglige wer of liability	and, if applicable om all liability, conce of the "release, and assumption	, owner aims, d ees" or of risk	s and eman other I, or	l lessor ids, loss wise, i anyone	s of premis ses, or dam ncluding ne on my beh	es on which the ages on my child's egligent rescue alf, makes a claim
have given up subst	antial rights by sig d unconditional rel	gning it and hallease of all lia	ave signerability to	ed it freely an the greatest of	d without any indextent allowed by	lucemei	nt or	assuran	ice of any n	NT, understand that I nature and intend it on of this agreement
minor's account cau negligent rescue ope against any of the al expenses, attorney f	eve my child to be ND SAVE AND I used or alleged to be erations, and will f bove Releasees, I v ees, loss of liabilit	e qualified to HOLD HARM have been cau further agree to WILL INDEM by, damage, or	participa MLESS e used in w that if, do MNIFY, S r cost any	ate in such act each of the Re chole or in par- espite this rel SAVE AND I by Releasee m	tivity. I hereby re- eleasees from all left by the negligen ease, I, the minor HOLD HARMLE ay incur as the re	ease, di iability, ce of th , or any SS each sult of s	schar clair e Rel one o	rge, covers, dense	venant not the nands, lossed or otherwise ninor's behavior	to sue and AGREE es or damages on the se, including alf makes a claim
I also give my perm	ission for photogra	aphs of my cl	hild to be	e used by Leg	ends Gymnastics	, LLC.				
Printed name of	Parent/Legal G	uardian				Da	ite			

Signature of Parent/Legal Guardian