



Visitor/try out waiver form

Today's Date _____

Last Name: _____

First Name: _____

Phone Number: _____

Email: _____

Waiver

ULTIMATE GYMNASTICS ACADEMY, LLC. is **not responsible** for any injury (or loss of prop- erty) to any person while practicing, taking class, competing, participating in open gym, fun gym, birthday parties, or in any other way involved in gymnastics, cheerleading, preschool classes, pre- teams or teams at UGA. For any reason whatsoever, including ordinary negligence on the part of Ultimate Gymnastics Academy LLC., its owners, officers, directors, agents, or employees. I hereby give my consent to **Ultimate Gymnastics Academy, LLC.**, or the **Host Organization** to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation. By the very nature of the activity, gymnastics, and cheerleading all carry a risk of physical in- jury. No matter how careful the student and coach, no matter how many spotters are used, how many mats are provided, and how many times the skill may have been performed perfectly, the risk cannot be eliminated. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.

I UNDERSTAND AND ACCEPT THAT RISK.

In addition, I understand that there is a one time (non-refundable) \$10 tryout fee for this class for insurance purpose.

For Office Use Only
Class:
Session:
Payment:
Desk Employee: Initials:

PARENT NAME: _____

(IF UNDER 18 YEARS OF AGE)

PARENT SIGNATURE: _____