

Parkville Tumbling and Acro

Please read carefully and sign.

Parent/Guardian: _____

Relationship: _____

Child's name: _____

Address: _____

Phone: _____

School: _____

ASSUMPTION of RISK and WAIVER of LIABILITY

As legal guardian of _____ (child), I agree that, Parkville Tumbling and Acro along with the employees, agents, officers, and directors of the organization shall not be liable for any injuries, losses, or damages occurring as a result of my child's participation. I hereby waive and release any and all claims which may be made against Parkville Tumbling and Acro. Although accidents are rare, I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, even death, as well as damages associated with participation. As a legal parent or guardian of the participant, I hereby verify by my signature that I fully understand and accept each of the above conditions for permitting my child to participate in lessons at Parkville Tumbling and Acro .

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE