



Bring A Friend Waiver

Child Name _____

Address _____
Street City, State Zip

Email: _____

- Yes - Sign Me Up!... for news and special offers
 No thank you

Parent's Name _____ Phone _____

2nd Contact _____ Phone _____
(in case of emergencies)

2nd Contact Relationship to Child: _____

Release: By giving my child permission to participate in activities at Fusion Gymnastics Center, I acknowledge that any activity involving height and motion (such as gymnastics, trampoline, and dance) involves the risk of injury, ranging from minor injuries (such as bruises and sprains) to serious or even catastrophic injuries (such as permanent paralysis) or even death. I hereby release Fusion Gymnastics Center and all claims for damages to persons or property which might arise as a result of an accident occurring while my child is participating in Fusion Gymnastics Center programs, including parties, class participation, shows, and competition. I hereby state that I have read and understood the above release, and agree to comply with the requirements.

Parent Signature _____ Date _____