

## **SPECIAL EVENTS WAIVER**

Participant's First Name:	Last Name:	
Age: M□ F□	Activity:	
Emergency Contact Name/Relation:		Phone:
Medical conditions, if any:		
REI	LEASE OF LIABILI	TY
I (we), despite all reasonable precautions implement catastrophic injury, paralysis and even death, as wactivities. I (we) knowingly and willingly assume administrators, do waive and release any and all members and employees of DANIK Gymnastics, I undersigned, by reason of participation or members	well as other damages and losses all such risks. Consequently, I rights and claims for damages NC from personal injury or accide	s associated with participation in the programs or I (we) hereby for myself, heirs, executors and against the owner, officers, coaches and other ent of any sort or nature suffered by me (as), the
	MARKETING RELEASE	
I understand that my child's likeness may be used in These images will be used for DANIK Gym purpose		
	MINOR RELEASE	
I, the minor's parent and/or legal guardian, unders believe the minor to be qualified, in good health, discharge, covenant not to sue, and agree to independent demand, losses, or damages on the minor's according release's or otherwise, including negligent rescue of minor's behalf makes a claim against any of the reffrom any litigation expenses, attorney fees, loss liable.	and in proper physical condition emnity and save and hold harmle ount caused or alleged to be cau operations. I further agree that if, of leases named above, I will indemr	to participate in such activity. I hereby release, ess each of the release's from all liability claims, sed in whole or in part by the negligence of the lespite this release, I, the minor, or anyone on the nify, save, and hold harmless each of the releases
I HAVE READ AND UNDERSTAND THE TER	RMS & CONDITIONS MENTIO	NED ABOVE. Check box ☐ Initial
Parent or Guardian Printed Name	Signature	Date
Participant Printed Name (if over 18)	Signature	// /