

Corinth Gymnastics, Inc.

ACTIVITIES WAIVER AND RELEASE

I am fully aware 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 further agree that Corinth Gymnastics, Inc. along with the employees, officers, and directors of these organizations shall not be liable for any losses, damages, or injuries occurring as a result of my child's participation in the event, including but not limited to damage claims for personal injury or death, except where such loss or damage is the result of the intentional injury by an employee of Corinth Gymnastics, Inc.

As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept the above conditions for permitting

my child _____ age _____

to participate in classes and activities conducted by Corinth Gymnastics, Inc.

Printed name of Parent/Guardian

Parent or Guardian Signature

Date