

Waiver and Release Form

Please Read This Form Carefully

By reading and signing this form, you are agreeing and aware that you are engaging in activities with Athletic Systems, Inc., dba AcroTex Gymnastics that include but are not limited to physical exercise and use of exercise equipment, club facilities, training and instruction. These activities could cause injury to you or others. You are voluntarily participating in these activities and assume all risks of injury and liability that might result. You agree to waive any claims or rights you might otherwise have to pursue, Legal or other action against Athletic Systems, Inc., dba AcroTex Gymnastics, the facility's owners, officers, employees, or agents for any reason. You have carefully read this waiver and declare you are sufficiently physically fit for any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program.

Child's Name _____

Parent or Guardian Signature _____

Phone Number _____ Date _____