



EMILIA'S ACROBATICS & GYMNASTICS

9385 Washington Blvd, Laurel, MD • 410-381-7565 • info@eagcgym.com • eagcgym.com

Waiver & Release Form

STUDENT'S NAME _____ PHONE _____

STUDENT'S CLASS (NAME & DAY) _____

PARENT EMAIL _____

EMERGENCY CONTACT _____ PHONE _____

SECONDARY EMERGENCY CONTACT _____ PHONE _____

As legal the guardian of my designated student(s), I hereby consent to all student(s) participating in Emilia's Acrobatics & Gymnastics Club (EAGC) program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp, trampoline, stunting, pyramids, dance, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use EAGC's facilities, I hereby **COVENANT NOT TO SUE and FOREVER RELEASE** EAGC, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

SIGNATURE OF STUDENT (if over the age of 18) _____

or PARENT/GUARDIAN (required) _____ DATE _____

PHYSICIAN'S NAME _____ PHONE _____