

ACROBATIC ACADEMY FITNESS & EDUCATION CENTER WAIVER

20
YEAR

Participant Name _____ Age _____ M _____ F _____

Date of Birth _____

Emergency Contact Name _____ Phone # _____

Please Mark: CURRENT AAI MEMBER NON-MEMBER
EMERGENCY MEDICAL RELEASE

I, (parent) _____, hereby authorize medical care to be provided for my child _____ in the event of injury. I release from responsibility and agree to indemnify and hold harmless Acrobatic Academy Fitness & Education Center, Inc. its owners, coaches and employees from any and all claims, illness or injuries of the participant which may result from participation in this activity.

Parent Signature _____ Date _____

I'm here for: BIRTHDAY OVERNIGHT KIDS NIGHT OUT
 OPEN GYM CLINIC FIELD DAY SACK LUNCH

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