



## Data & Release Form

Ninja's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Hospital Choice: \_\_\_\_\_

### Liability Release

I agree that Show-Me Gymnastics, along with the employees, agents, officers and directors of this organization shall not be liable for any injuries, losses or damages occurring as a result of my child's participation in any event or activity at Show-Me Gymnastics, except where such injury, loss or damage is the result of intentional or reckless conduct of the organization or individuals identified above, and I hereby waive and release any and all claims which may be made against Show-Me Gymnastics. Although accidents are rare, I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, even death as well as other damages associated with participation.

As legal parent or guardian of the participant, I hereby verify by my signature that I fully understand and accept each of the above conditions for permitting my child to participate in any event of activity at Show-Me Gymnastics.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date