

Mpact Martial Arts, Gymnastics & Tumbling Waiver

121 Seaboard Ln. Franklin, TN 37067 615-377-3444

****Please fill out form entirely in legible print.***

Event: _____ **How did you hear about us?** _____

Name(s): _____ **D.O.B.** _____

Address: _____

E-mail Address: _____

Parents Names: _____

Contact #: _____ **Emergency #:** _____

I recognize the potential for injuries which can occur in gymnastics & other activities involving movement, trampolining , martial arts & other acrobatics & games. I hereby consent to the above named person attending this activity/event to have my permission to participate in any and all activities at Mpact Martial Arts, Gymnastics & Cheer. I release any & all rights for claims against Mpact Martial Arts Academy, Inc., its owners, employees, agents & representatives for any & all reasons, including injury, damages or lost/stolen items.

Parent or Legal Guardian's Signature: _____

Date: _____