



---

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

Name(s): \_\_\_\_\_ DOB: \_\_\_\_\_

Address: Street, City, Zip code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Contact #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

I recognize the potential for injuries which can occur in gymnastics & other activities involving movement, trampoline, martial arts & other acrobatics & games. I hereby consent to the above named person attending this activity/event to have my full permission to participate in any & all activities at Mpack Sports Inc. By signing this agreement, I understand that the risk of injury, including becoming exposed to or infected by COVID-19 at Mpack Sports, Inc. is possible and hold harmless any result from the actions, omissions, or negligence of myself and others, including, but not limited to, Mpack Sports Inc., its owners, employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all reasons including injury to my child(ren) or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, lost/stolen items, claims, liability, or expense of any kind that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Mpack Sports Inc. or participation in any Mpack Sports programming "Claims". On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Mpack Sports Inc., its owners, employees, agents, and representatives, of and from the any and all claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Mpack Sports Inc., its owners, employees, agents, and representatives, related to a COVID-19 infection before, during, or after participation in any Mpack Sports Inc. program.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_