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**Woodlands Sportsplex Gymnastics & Athletics, LLC 25127 Gosling Road Spring, TX 77389 832-534-1160**

**WOODLANDS SPORTSPLEX GYMNASTICS & ATHLETICS, LLC GUEST WAIVER AND RELEASE FORM**

You (the guest) are aware that you are engaging in physical exercise and that the use of exercise equipment, club facility training, and instructions, could cause injury to you. You are voluntarily participating in these activities and assume all risks of injury that might result. You agree to waive any claims or rights you might otherwise have to sue the facilities owner, office staff, and employees. You agree to waive and recommend whether you are sufficiently physically fit for any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
Date

Child's Name/Age \_\_\_\_\_/\_\_\_\_\_ Parent \_\_\_\_\_

Child Birthdate \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_ HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

Class: _____	Coach: _____
Day: M T W R F S	Time: _____ Date: _____

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