

Ruby's Tumbling Release Form

Student's Name _____

Date of Birth _____ Age _____

Address _____

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City _____ Zip _____

E-mail _____

Parent's Name _____

Cell# _____

Parent's Name _____

Cell# _____

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The undersigned hereby release and holds harmless RUBY'S TUMBLING and instructor from any and all claims by reason of COVID-19, accidents, illness, injury, death, or other consequence arising or resulting directly or indirectly from participation in the tumbling class. The undersigned recognize RUBY'S TUMBLING is not responsible for children before and after class time.

Parents Signature _____ Date _____