CONFIDENTIAL

POLICY RECEIPT ACKNOWLEDGMENT

By signing or accepting this Policy Receipt Acknowledgment, I acknowledge that I have received a copy of each of the policies below, that I have read, reviewed, and understood each policy, and that I agree to comply with and follow each of the policies. I understand that the Company has the maximum discretion permitted by law to interpret, administer, change, modify, or delete the rules, regulations, procedures, benefits, and policies contained throughout these policies at any time with or without notice. I also understand that any delay or failure by the company to enforce any rule, regulation, procedure, or policy will not constitute a waiver of the company's right to do so in the future. Non-compliance or failure to follow any of the policies may result in disciplinary action, up to and including termination.

- Gym Policies and Procedures, containing
 - o Billing Authorization
 - Participation, Tuition, and Payment Information
 - Pickup / Dropoff Procedure
 - Code of Conduct
 - o Athlete Safety & Reporting Policy
 - Photo & Video Release
- Release and Waiver of Liability, Assumption of Risk, and Indemnification regarding Potentially Dangerous Activity

Participant Name: D	Pate:
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Parent/Legal Guardian/Participant Signature: ______