

LIABILITY RELEASE

Child's Name: _____

Birthdate: _____

Parent's Name: _____

Address: _____

Phone: _____

I understand that gymnastics is an activity involving height, motion and rotation and that such activities involve certain inherent risks. Precautions will be taken to prevent accidents. Simple first-aid will be administered to minor injuries, and parents or doctors will be called when necessary. I hereby consent to have my child participate in programs offered by GYMNASTICS UNLIMITED. It is for damages that I may have at any time against GYMNASTICS UNLIMITED, its representatives whether paid or voluntary, for any injury or damages in connection with the gymnastics activities. The risks involved with respect to such a program are fully understood.

PARENT'S

SIGNATURE _____