



Rockland Gymnastics Academy Birthday Party Release Form

I give my child: _____ permission to participate in the Birthday Party of (birthday child): _____ on (date): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

In case of emergency, and I can not be reached by phone, please contact:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

In consideration of being permitted to participate in the Rockland Gymnastics Birthday Party, I hereby waive and release Rockland Gymnastics Academy and its employees from any loss damage, injury, cost and expense that may be suffered by me or my child while participating. I am aware that gymnastics is a dangerous sport which may result in injury. By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast or coach are, and no matter how many spotters or height used, and no matter what landing surface the risk cannot be eliminated. Reduced, yes but never eliminated. The risk of injuries includes minor injuries such as bruises and more serious injuries such as broken bones, dislocation, and muscle pulls. The risk also include catastrophic injuries such as permanent paralysis or even death from landing or falls on the back, neck or head. For myself, spouse, and child, I knowingly and freely assume all such risk, both know and unknown, even if arising from the negligence of the releases or others, and assume full responsibility of my child's participation. I myself, my spouse, my child, and on behalf on my/ or heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in these programs, even of arising from their negligence, to the fullest extent permitted by law

Signature of parent of guardian: _____

Please print name signed: _____

Signature of participant: _____ Date: _____