

Note: This form must be signed and brought to Premier Gymnastics Academy, Inc. in order for your child to participate.

Birthday Release Waiver and Assumption of Risk

I do hereby give consent for my child to participate in a gymnastics party at Premier Gymnastics Academy Inc. I am fully aware that open gym, as a gymnastics activity, presents the risk of injury. I further agree that Premier Gymnastics Academy, Inc. or any other person or entity associated with Premier Gymnastics Academy, Inc. shall not be held liable for any losses or damages as a result of my child's participation in activities at Premier Gymnastics Academy, Inc.

Child's Name: _____

Address: _____

City, Zip: _____

Phone: _____

Parent's Name: _____

Parent's Signature: _____