

## General Release of Any and All Liability

Child's Name:	
Address:	Zip Code:
Phone: Pa	rent Email:
DOB of Participate:	
Special Event:	(Class, clinic, Flippin Fun Night, Open Gym, etc)
• •	y by my own choice and with the understanding that there is risk and activity involving unusual motion or height.
I've read the above and agree	e.
as parent or guardian of the participant, any and all activities of the program, inc participation in any and all activities at t and discharge the Gymnastics Academy	•
ant. We have found the best way to esta Therefore, please make sure we have yo you current on upcoming events. Our w posted on the website for your convenience.	mmunication open between staff, parents and gymnasts is importablish this communication in this day and time is through email. Our correct email address on file. We will send out updates to keep rebsite is another source of communication. All upcoming events are ence, www.gacgym.com. Finally, we want you to feel free to call the , compliments, and/or feedback you might have.
Parent name (Printed) :	
Parent Signature:	Date: