

Guest Release Form

Child's Name: _____ Date of
Birth _____ / _____ / _____
Parent's
Name: _____
Address: _____
City: _____ Zip _____ Phone: _____
Email: _____
@ _____

Have you ever been to BIG
before? _____ When? _____

PERMISSION TO PARTICIPATE

I (please print) _____, as
parent/guardian, grant permission and consent for my child,
_____, and myself, to participate
in activities at Bay Island Gymnastics. I understand, am fully aware
of, and recognize the inherent risks, including the possibility of
catastrophic injury, as well as other damages and losses associated
with participation in the sport of gymnastics. I assume these risks on
behalf of my child and myself. I further agree that Bay Island
Gymnastics, along with the employees, officers, and directors of this
organization, shall not be liable for any losses or damages occurring
as a result of participation in it's gymnastics program. I hereby give
permission for any and all medical attention to be administered to my
child in the event of accident, injury, sickness, etc. until such time
as I may be contacted. I also assume the responsibility for the payment
of any such treatment.

Signature _____ Date _____