



# General Release Form

Participant's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

2nd child: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Dad's work: \_\_\_\_\_ Dad's cell : \_\_\_\_\_

Mom's work: \_\_\_\_\_ Mom's cell: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*(If parent cannot be contacted)*

List all known allergies: \_\_\_\_\_

Important medical history: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

As legal guardian of \_\_\_\_\_, I hereby consent of the aforementioned person participating in Capital Gymnastics, Inc. classes and activities. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and related activities such as tumbling and trampoline.

I understand that it is the express intent of Capital Gymnastics, Inc. to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Capital Gymnastics, Inc. I give Capital Gymnastics, Inc. permission to transport my child.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Capital Gymnastics, Inc.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

