



# General Release Form

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

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

3rd child: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent #2: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

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

*(If parent cannot be contacted)*

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

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

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

I, all legal guardians, and as legal guardians of student(s)/child/children referenced to this agreement via a checked box on the internet and/or paper document filed with Capital Gymnastics, Inc., hereby consent to participating in Capital Gymnastics, Inc. classes, camps, and/or activities. I and all guardians recognize that potentially severe injuries, including permanent paralysis, death, broken bones, strains, sprains, bumps, bruises, scrapes, and cuts can occur in any activity involving height or motion, including gymnastics and related activities such as tumbling, bars, balance beam, trampoline, tumble trampolines, vaulting, cheerleading stunting, pyramids, dance, swimming, martial arts, and physical activities in general.

I and all legal guardians understand that it is the express intent of Capital Gymnastics, Inc. to provide for the safety and protection of me, all legal guardians, and of our student(s)/child/children and, in consideration for allowing me, all legal guardians, and our student(s)/child/children, all hereby COVENANT NOT TO SUE AND FOREVER RELEASE Capital Gymnastics, Inc., affiliated and partner companies and organizations, property owners and leasers, staff, contractors, subcontractors, teachers, and coaches involved in the Capital Gymnastics, Inc. program(s), from all liability and for any and all damages and injuries suffered by me, all guardians, and our student(s)/child/children during instruction, supervision, and/or control during any and all programs or activities.

I and all legal guardians of our student(s)/child/children hereby agree to individually provide for the possible future medical expenses which may be incurred by me, all guardians, and their student(s)/child/children as a result of any injury sustained while participating in an activity, training at, performing for, or on the premises of Capital Gymnastics, Inc. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed (or checked via internet) voluntarily as to its content and intent.

I authorize Capital Gymnastics, Inc. to take the necessary steps regarding medical attention (i.e. administering first aid, calling emergency medical services, transporting to the hospital) and will allow authorized hospital staff to treat myself, all legal guardians, and our child/children for any illness or injury any of us sustain.

Past injuries/special information we should know about: \_\_\_\_\_

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

Date \_\_\_\_\_

**CAPITAL GYMNASTICS • capgym.com**  
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Capital Gymnastics is not a daycare and not licensed by the TEXAS DEPT. OF FAMILY & PROTECTIVE SERVICES.