

**GYMNASTICS PLUS
9793 GLADES RD.
BOCA RATON, FL 33434
561-353-1974**

PERMISSION SLIP

I understand that gymnastics is, in and of itself, inherently dangerous. In consideration of the acceptance of my participation and/or the participation of my child or ward in gymnastics at Gymnastics Plus, and with the understanding that my child may be injured in the course of running, jumping, climbing, swinging, or other activities routinely performed by children at Gymnastics Plus. I agree, on behalf of my minor children, to assume the risks incidental to such participation, including, but not limited to, those risks set forth above and I, on behalf of my child or ward, and on behalf of my child's or ward's heirs, executors and administrators, release and forever discharge the released parties defined below from any liabilities, claims, actions, damages, costs or expenses of any nature, arising out of or in any way connected with my child's participation in such gymnastics activities and further agree to indemnify and hold the releases party harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and disbursements. The released parties are Gymnastics Plus and the officers, directors, employees, agents, representatives, successors and assigns of Gymnastics Plus. I agree that this release and indemnity agreement includes any claims for the negligence, actions or inactions of any of the above-released parties and covers bodily injury on behalf of my minor children suffered by my child or ward before, during or after participation in the gymnastics program. I further authorize medical treatment for said child or ward at my cost, if any arises. I understand by execution of this agreement that I am releasing the above released parties for their own negligence, actions or inactions.

I have read this release agreement completely before signing.

PRINT FIRST NAME _____

LAST NAME _____

Signed _____

Date _____

ONE DAY TRIAL CLASS

CHILD'S NAME _____

ADDRESS _____ **CITY** _____ **ZIP** _____

PHONE NUMBER _____

EMAIL ADDRESS _____

CLASS _____

TRIAL DATE _____