



Gym Activity Release Form

Participant's Name: _____

D.O.B. _____ Age _____ Phone #: _____

Emergency Contact #: _____

Allergies/Medical Concerns: _____

Email Address: _____

Date _____ for ___ Act Night ___ FunDay ___ Field Trip ___ B-day

PARTICIPATION RELEASE

To the extent permissible by law, I/we hereby release, discharge and/or otherwise hold harmless and indemnify All American Gymnastics, Inc., it's owners, officers, directors, employees and associated personnel, from and against any and all demands, claims and causes of action arising, directly or indirectly, from my child's/ward's participation in its programs. THIS RELEASE SPECIFICALLY INCLUDES ANY DEMANDS, CLAIMS AND CAUSES OF ACTION ARISING OUT OF THE PAST OR FUTURE NEGLIGENT ACTS AND/OR OMISSIONS OF ALL AMERICAN GYMNASTICS, INC., IT'S OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND ASSOCIATED PERSONNEL.

MEDIA RELEASE

I grant permission to All American Gymnastics, Inc to use the image of my child in materials that include, but may not be limited, to brochures and newsletters. INITIAL IF YOU DO NOT GIVE PERMISSION TO USE THE IMAGE OF YOUR CHILD. _____

Parent's Name: _____

Parent' Signature: _____

Date Signed: _____ Phone #: _____



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