

OLYMPIAD GYMNASTIC TRAINING CENTERS
FIELD TRIP RELEASE FORM

Participants Name: _____ Age: _____ DOB ____/____/____

Print Parent/ Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Day) (____) _____ (Eve) (____) _____ Emergency Phone: (____) _____

E-mail: _____ **Medical or Physical Concerns:** _____
Give us your e-mail and receive special offers/coupons

Would you like to receive additional information on classes or special events? Yes _____ No

I understand that in gymnastics, like other sports that involve activity, there is a possibility of injury. An injury may be anything from a bruise, a broken bone, or a permanent disability (possibly paralysis) or even death. We take special steps to assure safety in the gym. Proper mats, equipment and progressive skills assure reasonable safety. It does not assure that the children will not be injured.

I hereby consent to have my child/ward participate in programs offered by Olympiad Gymnastics. It is hereby agreed that I, my child(ren) adopted or otherwise, my executors, waive and release all rights and claims for damages that I may have at any time against Olympiad Gymnastics or Team Central Gymnastic Academy, including all of its directors, officers and employees whether paid or volunteer for any injury or damages in connection with the gymnastics program or other activities related to gymnastics. The risks involved in respect to such a program are fully understood.

PERMISSION FOR MEDICAL TREATMENT: I confirm that the above named person is in good health. I hereby authorize simple first aid and consent to any x-ray, exam, and medical or surgical diagnosis, which are deemed necessary.

Signature: _____ Date: ____/____/____



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