



Release Agreement:

Coaches and instructors of the Gym X-Treme, LTD program are safety conscious and follow safety procedures. I understand that motion in gymnastics does involve risk and I, intending to be legally bound, waive and release Gym X-Treme, LTD, its employees and officers of all responsibility for any injury sustained by my child in connection with the Gym X-Treme, LTD program or its facilities. In the event of injury or illness, every effort will be made to contact parents or guardians. If necessary, I authorize Gym X-Treme, LTD to administer first aid and/or authorize medical treatment. The participant has had a medical examination within the last twelve (12) months and is capable of participating in the sport of gymnastics. The agreement extends to my heirs or executors who may not act on my behalf.

Student Name _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Name (Signed) _____

Date of Event _____

Contact Number _____

Alternate Number _____