

Party Liability Release

Must be signed by Parent or LEGAL Guardian

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/legal guardian of the participant(s) agree that participant(s) and I acknowledge and understand that gymnastics is a HAZARDOUS activity. I am aware that participation in McAlester Elite Gymnastics Academy programs and birthday parties, bouncy house and/or use of the facility creates risks including but not limited to falls, collisions, paralyzing injuries and death and freely assume on behalf of myself and the participant(s) all such risks, both known and unknown, even in arising from the negligence of others. I for myself and the participant(s), and our respective heirs, assigns, administrators, personal representatives and next of kin hereby agrees to indemnify and hold harmless McAlester Elite Gymnastics Academy, coaches, instructors, directors, agents and owner against any liability resulting from any injury that may occur to the participant(s) while participating in gymnastics, parties or other activities at McAlester Elite Gymnastics Academy.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE, AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_ Medical/Health Problem: \_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_ Medical/Health Problem: \_\_\_\_\_\_\_\_\_\_



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Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_Medical/Health Problem:\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_Medical/Health Problem:\_\_\_\_\_\_\_\_\_\_