



Liability Release Form/Waiver

I hereby certify that my child(ren) _____

has/have my permission to participate in the recreational activity, gymnastics.

*I understand that I am responsible for all medical expenses for my child(ren) which may occur from their participation with MGP Gymnastics, LLC or under our supervision.

*I understand that participation in gymnastics and related activities involves motion, rotation, and height in a unique environment and as such carries with it risk of injury. I am voluntarily allowing my child(ren) to participate in the activity with knowledge of the risks involved, and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. I hereby release MGP Gymnastics, LLC, it's affiliates, agents, owners, and employees from any liability for accidents that occur or are incurred while participating with MGP Gymnastics, LLC.

*In case of emergency I hereby grant the supervisor, other agent, or employee of MGP Gymnastics, LLC the right to request medical attention for my child including calling emergency medical professionals.

Parent/Guardian Name(printed): _____

Parent/Guardian Signature: _____

Date: _____

Emergency Phone No.: _____