

Gym Activity Release Form



10449 Midwest Industrial Drive Saint Louis, MO 63132 phone: 314-426-2496 fax : 314-426-1898
www.allamericangymnastics.net info@allamericangymnastics.net

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

Participant's Name: _____

Address _____ City _____ Zip _____

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

Emergency Contact Name/Phone#: _____

Allergies/Medical Concerns: _____

Email Address: _____

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 RELEASES 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. INITAIL IF YOU DO NOT GIVE PERMISSION TO USE THE IMAGE OF YOUR CHILD. _____

Parent's Name: _____

Parent' Signature: _____

Date Signed: _____ Phone #: _____

FOR OFFICE USE:

FOR ACTIVITY NIGHT OR FUNDAY:

1. ENTER IN COMPUTER
2. PAYMENT ENTERED
3. FILED IN RELEASE FORM FOLDER

FOR BIRTHDAY PARTY/FIELD TRIP

1. FILE WITH OTHER PARTY/FIELD TRIP RELEASES