



Open Gym Release Agreement

Release Agreement: Coaches and instructors of the GYM X-TREME, LTD. program are safety conscious and follow safety precautions. I understand that motion in gymnastics does involve risks 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 below named student 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 no act on my behalf.

Student Name _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Name (Signed) _____

Date of Event _____

Contact Number _____ Alternate Number _____