

Spivey's Gymnastics

Your Dreams Begin Here!

Birthday Party

Release Form

Student's Name _____ Age _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____

Home Phone _____

Cell Phone _____

Work Phone _____

Medical
Concerns _____

ACKNOWLEDGE OF RISK AND WAIVER OF LIABILITY

I hereby consent to my child's participating in the programs of Spivey's Gymnastics International, Inc. I understand that injuries can occur and there is risk involved in any type of athletic activity which my child may be involved, especially gymnastics activity that includes both height and motion.

I further agree that Spivey's Gymnastics International, Inc., along with the employees, agents, officers and directors shall not be liable for any losses or damage occurring as a result of my child's participation in gymnastics, including to and from activities, except where such damage or loss is the result of the reckless or intentional conduct of one of the above mentioned individuals.

This acknowledgement of RISK AND WAIVER OF LIABILITY has been read and signed voluntarily.

X _____

Parent or Guardian Signature

Date