

METRO GYMNASTICS

PARENT'S NIGHT OUT
PERMISSION TO PARTICIPATE

Student's Name _____ Age _____ D.O.B. _____
_____ Age _____ D.O.B. _____
_____ Age _____ D.O.B. _____
_____ Age _____ D.O.B. _____

Address _____ City _____ Zip _____

Mother's Name _____ Father's Name _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____

Food Allergies/Special Instructions _____

I give my permission for the above named child(ren) to participate in Metro Gymnastics classes and/or events. As the parent of the above named, I recognize the potentially severe injuries which may occur in gymnastics and the teaching of gymnastics, including injuries, damages and losses of every nature and I do hereby expressly assume all such risks. In consideration of my being accepted into the classes of Metro Gymnastics, I do hereby unconditionally waive and release Metro Gymnastics and Pinnacle-Peachtree Commons including all officers, representatives, agents and employees thereof, from any and all claims, damages, liability, actions or demands for injury or loss of any nature whatsoever which may occur in connection with the use of said facilities and equipment, or arising out of participation in or travel to or from any and all classes and /or events. This release is binding on me, my personal representatives, assigns, heirs and next of kin.

I have read the above release, understand all of its terms, and agree to be bound by them.

Date of Event _____

Parent's
Signature _____ Date _____