

# Inland Empire Gymnastics Academy - Event Release Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

*My child has permission to participate at an Inland Empire Gymnastics Academy event. I understand that the very nature of the sport of gymnastics involves increased risk of personal injury and so I agree to hold harmless and waive any liabilities that Inland Empire Gymnastics Academy, and it's staff, may have to me, or my child, as a result of any injury to my child because of my child's participation in an event held at or sponsored by Inland Empire Gymnastics Academy.*

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Emergency Contact Information (if we can't reach you during the event)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# Inland Empire Gymnastics Academy - Event Release Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

*My child has permission to participate at an Inland Empire Gymnastics Academy event. I understand that the very nature of the sport of gymnastics involves increased risk of personal injury and so I agree to hold harmless and waive any liabilities that Inland Empire Gymnastics Academy, and it's staff, may have to me, or my child, as a result of any injury to my child because of my child's participation in an event held at or sponsored by Inland Empire Gymnastics Academy.*

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Emergency Contact Information (if we can't reach you during the event)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_