



Liability Release Form/Waiver

I hereby certify that my child(ren) _____ has/have permission to participate in the recreational activity, gymnastics.

*I understand that I am responsible for all medical expenses for my child(ren) which may occur from their participation with MGP Gymnastics, LLC or under our supervision.

*I understand that participation in gymnastics and related activities involves motion, rotation, and height in a unique environment and as such carries with it risk of injury. I am voluntarily allowing my child(ren) to participate in the activity with knowledge of the risks involved, and hereby agree to accept any and all inherent risks of property damage, personal injury, or death. I hereby release MGP Gymnastics, LLC, its affiliates, agents, owners, and employees from any liability for accidents that occur or are incurred while participation with MGP Gymnastics, LLC.

*I understand in case of emergency I hereby grant the supervisor, other agent, or employee of MGP Gymnastics, LLC the right to request medical attention for my child including calling emergency medical professionals.

*I understand MGP Gymnastics, LLC, retains the right to use any photographs, videotapes, motion picture, recordings or any other record of this event for publicity, advertising, or any legitimate purpose.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Emergency Phone No.: _____

Date: _____