



OLYMPIA GYMNASTICS
BIRTHDAY PARTY RELEASE FORM
(843) 238-0282

Child's Name: (Last) _____ (First) _____ M F

Child's Birthday: (month) _____ (day) _____ (year) _____

Parent's Name: (Last) _____ (First) _____

Phone: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

RELEASE: I hereby consent to have my child/ward participate in programs offered by Olympia Gymnastics (OG). Precautions will be taken to prevent accidents. Simple first aid will be administered to all minor injuries. Parent or doctor will be contacted if necessary. I hereby agree that my child, adopted or otherwise, my heir or executors, waive and release all rights and claims that I may have at any time against OG. I understand the risks involved in respect to such programs.

PERMISSION FOR MEDICAL TREATMENT: I confirm that the above named participant(s) is in good health. I hereby authorize OG to administer simple first aid. I also authorize a medical exam, x-rays, or a medical/surgical diagnosis as deemed necessary by the participant's physician or hospital.

Signature _____ Date _____