



**OLYMPIA GYMNASTICS**  
**OVERNIGHTER RELEASE FORM**  
(843) 238-0282

Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ M F

Child's Birthday: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

Parent's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ M F

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**RISK:** I understand that there is risk of serious injury and that Olympia Gymnastics (OG) will take Precautions to prevent accidents.

**RELEASE:** I hereby consent to have my child/ward participate in programs offered by Olympia Gymnastics. 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 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_