

## Prestige Gymnastics **OPEN GYM** Waiver/Release Form

I understand that participation in gymnastics involves motion, rotation, and height in a unique environment and as such carries with it the risk of injury. I understand that I will be responsible for the primary expenses which may occur from my child's participation at Prestige Gymnastics.

With this in mind and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs including open gym at Prestige Gymnastics.

I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Prestige gymnastics and or its representatives whether paid or volunteer.

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

Name Printed \_\_\_\_\_

Name of Child/Children \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Please detach and send with your child. Turn in at front desk prior to start of open gym.

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