



Release Form

Child's Name _____ Age _____

Level: **Beginning / Intermediate / Advanced**

Parent Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____



Minor Consent and Assumption of Risk Statement

In consideration of being allowed to participate in any activities of New Hope Academy of Gymnastics, the parent(s) undersigned of the minor participant named below agreed:

1. The parent(s) and / or legal guardian(s) to and will instruct the minor / undersigned in any activity and regularly thereafter, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all USA Gymnastics Safety Guidelines.

I / We fully understand and will instruct the minor participant that:

1. There are dangers and risk associated with participation in gymnastics events and activities including but not limited to those of bodily injury, partial and / or total disability, paralysis and death.
2. The social and economic losses and / or damage, which could result from risk and dangers described above, could be severe.
3. These dangers and risk may be caused by the negligence of the participant or the negligence of others.
4. There may be other risk not known to us or are not reasonably foreseeable at this time.
5. I / We agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by New Hope Academy of Gymnastics.

I / We have read and agreed to the above waiver and have signed it voluntarily.

Date _____ Parent / Guardian / Participant _____