

Release Form

Name _____ Birthdate _____

Parent Name _____ Home Phone _____

Address _____

I agree that Eagles Gymnastic & Dance Centre, Inc. ("Eagles"), along with the employees, agents, officers and directors of this organization shall not be liable for any injuries, losses or damages occurring as a result of my child's participation in gymnastics or a birthday party, except where such injury, loss or damage is the result of intentional or reckless conduct of the organization or individuals identified above, and I hereby waive and release any and all claims which may be made against Eagles. Although accidents are rare, I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, even death as well as other damages associated with participation.

As legal parent or guardian of the participant, I hereby verify by my signature that I fully understand and accept each of the above conditions for permitting my child to participate in gymnastics and/or a birthday party at Eagles.

Signature of Parent or Guardian

Date

