

Liability Release Form

Student Name: _____ **Birthdate:** _____

Parent Name: _____ **Home Phone:** _____

Email Address: _____

Address: _____

I agree that Eagles Gymnastics (“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 any event or activity at Eagles, except where such injury, loss or damage is the result of intentional or reckless conduct of the organization or individuals indentified 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 any event of activity at Eagles.

Signature of Parent or Legal Guardian

Date