

**Liability Release Form**

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

I give my approval for the above named student's participation in any and all activities at **EAGLES GYMNASTICS. I HEREBY FOREVER WAIVE, FOREVER RELEASE AND DISCHARGE EAGLES GYMNASTICS, THEIR OFFICERS, DIRECTORS, EMPLOYEES, AGENTS AND STAFF FROM ALL LIABILITY FOR ANY AND ALL DAMAGES AND INJURIES SUFFERED BY THE PARTICIPATION IN CONNECTION WITH THE SAID USE OF THE AFOREMENTIONED EQUIPMENT, INSTRUCTORS, STAFF AND FACILITIES.** I authorize the representatives of EAGLES GYMNASTICS to provide any emergency medical services that may be required due to an injury during any activity at EAGLES GYMNASTICS. I understand that participation is entirely by my own choice and also understand that there are risks, including the risk of catastrophic injury, paralysis, even death as well as other damages associated with participation in any activity involving unusual motion or height. EAGLES GYMNASTICS is not responsible, whatsoever, for anything that happens before or after the participants activities at Eagles Gymnastics. 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