

Williams Ozark Mountain Gymnastics

Birthday Party Liability Release Form/Waiver of Legal Rights

No child will be allowed to participate until this form has been signed by the parent or legal guardian. Every child attending must provide this signed form.

I hereby certify that my child(ren) _____ has/have my permission to participate in the recreational activity, Gymnastics. I understand there is some risk of injury while participating in this program and I hereby release and hold harmless Ozark Mountain Gymnastics for any injury my child(ren) may sustain as a result of his/her participation in gymnastics. I hereby agree that I am responsible for any and/or all hospitalization, medical emergency or other medical treatment costs as a result of such injury by providing him/her with proper medical coverage, or I personally assume responsibility for such costs. In case of emergency I hereby grant the supervisor or other agent or employee of Ozark Mountain Gymnastics the right to request medical attention for my child including calling emergency medical professionals.

Parent/Guardian Name: _____

(Please Print)

Signature: _____

Date: _____

Emergency Phone: _____