



23815 JOHNSON STREET NE * EAST BETHEL, MN 55005 * PHONE: 763-444-4222

Permission for Participation

(Note: Child will not be allowed in the gym without this completed & signed authorization)

Child's Name _____ Phone (____) _____ - _____

Child's Address _____
Street City Zip

Emergency Contact _____ Phone (____) _____ - _____

_____ has my permission to participate in gymnastics activities/birthday parties/other related gymnastics events provided by Gymnastics Galaxy. I am aware that there are risks involved and that serious injury, and even death may result with improper conduct of this activity. I have instructed my child to follow directions.

Authorization of Medical Care: In case of injury or illness while at Gymnastics Galaxy and in cases where a parent can not be reached, the staff of Gymnastics Galaxy may authorize medical treatment.

Agreement to Participate: I understand that gymnastics like any other situation involving height involves risk and chance of injury. This child has no problems that might compromise their safe environment.

Liability Waiver: I understand and acknowledge that the activity conducted and Gymnastics Galaxy imposes known risks which could result in injury, paralysis, death or damage to my child, property, or third parties. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in this activity, I will have no right to make a claim or file a lawsuit against Gymnastics Galaxy, their agents, owners, employees, or any other person or entity acting in any capacity on their behalf.

I have read, understand and agree with all statements above.

Signature _____ Date _____
(Parent/Guardian)

E-Mail Address: _____

Insurance Company _____ Policy _____