

MEDICAL RELEASE AND AUTHORIZATION

Amt. Paid \$ _____
How paid: _____
Office Int.: _____

Childs Name: _____ **Age:** _____

Medical Condition: _____

I, _____, the Parent/Guardian of _____, hereby authorize Dynamic Gymnastics/, its Agents and employees to make emergency medical decisions for my child/minor above mentioned while attending the sleepover at 5512 N. Havana, from Saturday October 28th at 6:30 p.m. until Sunday October 29th at 9:00 a.m.

TODAYS DATE: _____

Signature (Parent/Guardian)

PHONE NUMBERS FOR THIS EVENING: _____

WAIVER RELEASE

In consideration for being allowed to attend as a participant in Dynamic Gymnastics Sleepover, I do hereby release and discharge its' proprietors, staff, agents, and assigns from any and all liability, cause actions, costs, charges, claims, expenses, and demands on account of or in any way growing out of any and all personal injuries and property damages incurred by me, my child(ren), adopted or otherwise, as a result of or in the course of my participation in this activity (including but not limited to travel to and from the activity).

By signing below, I hereby expressly assume any and all risks, which are incumbent with the realization that these activities might subject me to personal bodily or property damage risks. I am aware of the nature of the activities and the place where the activity will be (physical location). I have examined the physical premises and found them to be safe and accept them as is.

Dynamic Gymnastics its staff, agents, proprietors, and assigns are not responsible for the supervision of participants prior to the drop off time (6:30 p.m.) or after the pick-up time (9:00 a.m.).

Additionally, for the stated consideration, I further hereby expressly covenant and agree forever to refrain from suit or proceeding at law or in equity or otherwise against the above named parties, either severally or jointly with any person, in account of, or in any way growing out of any personal injuries and property damage as stated.

I am giving my consent for any pictures taken of my child(ren) to be used on Dynamic's website and social media accounts.

I have read, understand, and agree to the terms herein.

I understand a refund will not be given if I cancel for any reason. _____

TODAYS DATE _____ **Signature (Parent/Guardian)** _____