

FREE TRIAL CERTIFICATE

Web Special

Athlete's Name _____ Address _____

Parent's Name _____

Phone Number _____ DOB _____

Email Address _____

I give permission for Gymnastics Revolution to treat my child in the event of an emergency. I hereby and forever release Gymnastics Revolution, LLC, its officers, agents, members, owners, and employees from any and all suits arising from my child's participation in gymnastics. I understand that any activity involving motion or height creates the possibility for catastrophic injury or even death. My child is of sound mind and body, and fully able to participate. I give permission for this participation freely.

Signature of parent or legal guardian

Date

