

# WORLD CLASS GYMNASTICS

## Permission to Participate

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Release:** I recognize the potential for injuries which can occur in gymnastics and activities involving movement, trampoline, and exercise. I hereby consent to the above person(s) participating in activities on equipment owned and/or used by World Class Gymnastics Center and hereby agree that I for myself, my child(ren) adopted or otherwise, my heirs and executors waive and release any and all rights and claims for damages that I may have at any time against the gym or its agents and representatives for any injury or damages in connection with my association with or entry in gymnastics or other activities by World Class Gymnastics Center.

**I HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY**

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE/RELATIONSHIP**

\_\_\_\_\_  
**DATE**