



AT CONRAD'S
GYMNASTICS ACADEMY

DATE: _____

TIME: _____

R.S.V.P. _____



Release Form



Parent/s Name/s _____

Child's Name/s _____ D.O.B. _____

Address (street) _____

(city) _____ (state) _____ (zip) _____

Phone _____ Email _____

I hereby consent to the aforementioned person participating in the Conrad's Gymnastics Academy programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height and/or motion including martial arts, dance, gymnastics and related activities including tumbling and trampoline activities. That said, I agree to make my child/ren aware of the possibility of injury and encourage my child/ren to follow all the safety rules and the coaches' instructions. I fully understand that Conrad's Gymnastics Academy, staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow Conrad's Gymnastics Academy staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the staff to call our doctor and to seek medical help, including transportation by a Conrad's Gymnastics Academy, staff member or its representatives, whether paid or volunteer, to any health care facility or hospital.

I understand that it is the express intent of Conrad's Gymnastics Academy to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release Conrad's Gymnastics Academy, its officers, employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Conrad's Gymnastics Academy

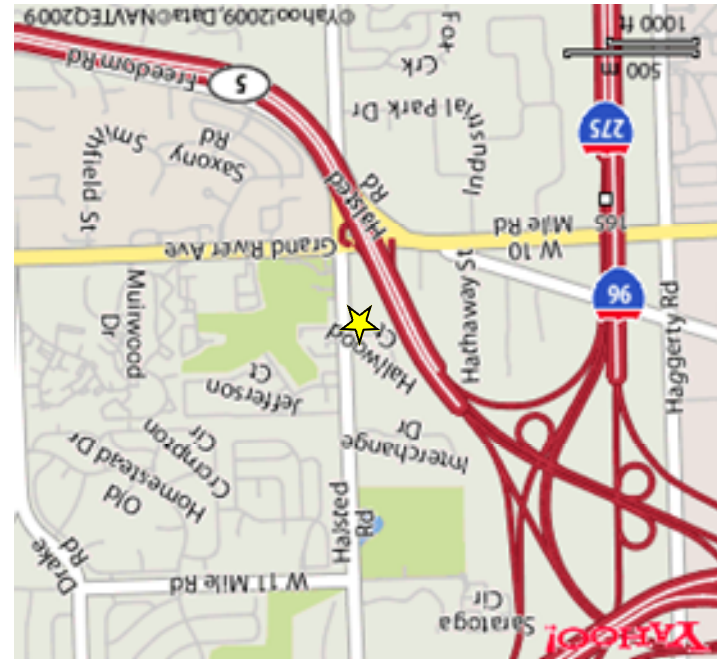
I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for my child's protection and my own protection. I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and potential injury, and will warn my child to never attempt a skill they have not yet been instructed to attempt alone. I also understand that safe, professional instruction often includes hands-on spotting to my child. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian _____ Date _____

All guests must have a signed release form (on back) to participate!*

www.Conradsgymnastics.com
NORTH of Grand River Ave
East side of Halstead

Conrad's Gymnastic Academy
24501 Hallwood Court
Farmington Hills, MI 48335
248-474-7778



**GET READY
TO FLIP....**