

DINAMO GYMNASTICS TRIAL CLASS RELEASE FORM

(Must be filled out by every person participating in anything in the gym.)

Child Name _____ D/O/B _____ Age _____

Child Name _____ D/O/B _____ Age _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone _____

Any Medical Conditions _____ E-mail address _____

Trial Class _____ Teacher _____

I am fully aware of , and appreciate the risk of catastrophic injury, paralysis, and even death, as well as damages and losses associated with participation in gymnastics and other sport. I further agree that Dinamo Brown's Gymnastics, corporations, employees, agents, officers and directors shall not be liable for any losses or damages occurring as a result of athlete's participation in class.

I hereby give consent for Dinamo Brown's Gymnastics to provide customary medical/athletics attention, transportation, and emergency medical services as warranty in the participation at Dinamo Brown's Gymnastics. I maintain and uphold to date Primary Health Insurance for my child and family who are participating at Dinamo Brown's Gymnastics.

Legal Guardian Signature

Date

ADULTS ARE NEVER ALLOWED ON ANY EQUIPMENT