

## Deveau's School of Gymnastics Field Trip Release Form

(Completed form must be presented before party to allow participation.)

Participant's Name \_\_\_\_\_ Age: \_\_\_\_\_

Previous Gymnastics Experience? (Yes / No)

Medical Conditions \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*Please list a phone number where a parent may be reached during the time the child is attending the party.

Safety is the main objective, but any activity involving height or motion increases the chance of injury. I hereby waive and release all rights and claims for damages that I may have at any time against **Deveau's School of Gymnastics, Inc.** and its employees for any injury or damage that is sustained while under **Deveau's School of Gymnastics** instruction, supervision, or control. I confirm that the above child is in good health.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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