

PRESCHOOL PLAY 5:15-6:15 PM \$7.00

PRESCHOOL PLAY RELEASE FORM - AGES 5 & UNDER - ADULT PARTICIPATION REQUIRED

** All children participating in Preschool Play MUST submit a signed release form. NO EXCEPTIONS

My child/children: ______ Age(s): ______ has my permission to attend Preschool Play at Parkland Gymnastics. In consideration for allowance to participate in this activity, to the extent permissible by law, I/we hereby release, discharge and/or otherwise hold harmless and indemnify Parkland Gymnastics, its owners, employees and associated personnel from and against any and all demands, claims and causes of action arising directly or indirectly from my child's/ward's participation in its programs. THIS RELEASE SPECIFICALLY INCLUDES ANY DEMANDS, CLAIMS AND CAUSES OF ACTION ARISING OUT OF HTE PAST OR FUTURE NEGLIGENT ACTS AND/OR OMISSIONS OF PARKLAND GYMNASTICS, ITS OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND/OR ASSOCIATED PERSONNEL.

Parent/Guardian Signature:______ Date:_____

Relationship:_____ Emergency Phone:_____



OPEN GYM 6:30-8:30 PM \$10.00

OPEN GYM RELEASE FORM - AGES 6-15 YEARS ONLY

** All children participating in Open Gym MUST submit a signed release form. NO EXCEPTIONS

My child/children:	. In consideration for allowance to discharge and/or otherwise hold hassociated personnel from and aga rectly from my child's/ward's participy DEMANDS, CLAIMS AND CAUSECTS AND/OR OMISSIONS OF PAR	participate in this armless and inst any and all pation in its ES OF ACTION KLAND
Parent/Guardian Signature:	Date:	
Relationship:	mergency Phone:	





FIELD TRIPS & SPECIAL ACTIVITIES RELEASE FORM

** All children participating in a Field Trip MUST submit a signed release form. NO EXCEPTIONS

Relationship: Emergency	Phone:	
Parent/Guardian Signature:	Date	:
My child/children:	and/or otherwise hol personnel from and a my child's/ward's par S, CLAIMS AND CAU R OMISSIONS OF P	d harmless and against any and all ticipation in its JSES OF ACTION ARKLAND



SUMMER
CAMP
WINTER CAMP
CLINICS

CAMP AND/OR CLINIC RELEASE FORM

** All children participating in a Camp or Clinic MUST submit a signed release form. NO EXCEPTIONS

My child/children:	Age(s):	has my
permission to attend a Camp or Clinic at Parkland Gymnastics. In corthis activity, to the extent permissible by law, I/we hereby release, disc	sideration for allowanc	e to participate in
indemnify Parkland Gymnastics, its owners, employees and associate	d personnel from and a	against any and all
demands, claims and causes of action arising directly or indirectly fron programs. THIS RELEASE SPECIFICALLY INCLUDES ANY DEMAN	DS, CLAIMS AND CAU	JSES OF ACTION
ARISING OUT OF HTE PAST OR FUTURE NEGLIGENT ACTS AND/ GYMNASTICS, ITS OWNERS, OFFICERS, DIRECTORS, EMPLOYE		
Parent/Guardian Signature:	Date:	:

Relationship:_____ Emergency Phone:_____







My child/children:
Age(s):has my permission to attend a Birthday
Party at Parkland Gymnastics. In consideration for allowance to
participate in this activity, to the extent permissible by law, I/we
hereby release, discharge and/or otherwise hold harmless and
indemnify Parkland Gymnastics, its owners, employees and
associated personnel from and against any and all demands,
claims and causes of action arising directly or indirectly from my
child's/ward's participation in its programs. THIS RELEASE
SPECIFICALLY INCLUDES ANY DEMANDS, CLAIMS AND
CAUSES OF ACTION ARISING OUT OF HTE PAST OR
FUTURE NEGLIGENT ACTS AND/OR OMISSIONS OF
PARKLAND GYMNASTICS, ITS OWNERS, OFFICERS,
DIRECTORS, EMPLOYEES AND/OR ASSOCIATED
Parent/Guardian Signature:

Relationship:

Date:_

Emergency Phone:

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\mathbf{Z}_{-}^{L}
$\sum_{i=1}^{N} Z_i$
$\stackrel{A}{\wedge}_{M}$



BIRTHDAY PARTY RELEASE FORM

** All children participating in a Birthday Party MUST submit a signed release form. No exception **