



**PARKLAND**  
GYMNASTICS

**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 GYMNASICS, ITS OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND/OR ASSOCIATED PERSONNEL.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_



**PARKLAND**  
GYMNASTICS

**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: \_\_\_\_\_ 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 GYMNASICS, ITS OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND/OR ASSOCIATED PERSONNEL.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_



**PARKLAND**  
GYMNAS TICS

**FIELD TRIPS  
&  
SPECIAL  
ACTIVITIES**

**FIELD TRIPS & SPECIAL ACTIVITIES RELEASE FORM**

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

My child/children: \_\_\_\_\_ Age(s): \_\_\_\_\_ has my permission to attend a Field Trip 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 GYMNAS TICS, ITS OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND/OR ASSOCIATED PERSONNEL.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_



**PARKLAND**  
GYMNAS TICS

**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 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 GYMNAS TICS, ITS OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND/OR ASSOCIATED PERSONNEL.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_



## BIRTHDAY PARTY RELEASE FORM

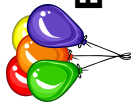
**\*\* All children participating in a Birthday Party MUST submit a signed release form. No exception \*\***

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 GYMNASSTICS, ITS OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND/OR ASSOCIATED**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_



## BIRTHDAY PARTY RELEASE FORM

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

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 GYMNASSTICS, ITS OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND/OR ASSOCIATED**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_