

**Medical Release
Release and Waiver of Liability Assumption Or Risk
And Indemnity Agreement**

Gymnast _____
Address _____

City _____ State _____ Zip _____
Parent's Name _____
Home Phone (_____) _____ - _____
Cell Phone (_____) _____ - _____
Cell Phone (_____) _____ - _____
Work Phone (_____) _____ - _____

Persons To Contact In Case Of Emergency

Name _____ Relationship _____
Home Phone (_____) _____ - _____
Cell Phone (_____) _____ - _____
Work Phone (_____) _____ - _____
Name _____ Relationship _____
Home Phone (_____) _____ - _____
Cell Phone (_____) _____ - _____
Work Phone (_____) _____ - _____

Gymnast's Medical Insurance Company _____
Group # _____

I, _____, do hereby grant permission for my child, _____ to train, travel participate in any special activities at Orlando Metro Gymnastics. I hereby, release, discharge and covenant not to sue Elite Gymnastics, Inc., dba Orlando Metro Gymnastics, Inc., its respective administrators, directors, agents, officers, volunteers and employees from all liability, claims, demands, losses or damages, on the account of my daughter/son, _____ caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operation and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releases from any loss, liability, damages, or cost which any may incur as the result of such claim.

I understand participation in gymnastics activities involves motion, rotation and height and carries with it the risk of injury and death. I am voluntarily registering my child/children for camp and all activities involved with camp. I understand any medical expenses related to participation in camp activities and/or training will be my sole responsibility.

Parent or Guardian Signature _____ Date _____ Seal

Notary _____ Date _____