

McCracken's Gymnastics and Swim School

Release of Liability



Parent/Guardian Name:	Phone:	Cell:
Street:	Email:	
City:	State:	Zip:
		Today's Date:

Children's Names: _____

We are allowing our child/children to attend McCracken's Gymnastics for athletic or recreational activities and we understand that any activity involving motion or height creates the possibility of serious injury or even death and that these activities have certain unavoidable risks. We understand we are releasing McCracken's Gymnastics and Swim School of liability for all activities and that they include, but are not be limited to:

Gymnastics Class Swim Class Open Gym Parents Night Out Activity School Birthday Parties

Activities that my child should **not** participate in: _____

Medical conditions which could impact his/her safety: _____

McCracken's Gymnastics & Dance, Inc. DBA McCracken's Gymnastics & Swim School

In consideration for receiving the Instructional and Recreational services of the McCracken's Gymnastics and Swim School, Inc. granting me permission to participate in its Instructional Program, I do hereby assume all the risk of personal injury (including death) that may result from participation in said program; and acting for myself, my heirs, personal representatives, and assigns, do hereby release McCracken's Gymnastics and Swim School, Inc., individually and collectively, members of McCracken's Gymnastics and Swim School Inc. staff, administrators and other agents, representatives, employees, instructors, and all other participants in the said business and program from all liability, including claims and suits at law or in equity for an injury, fatal or otherwise, that may result from my taking part in said program.

I further state that the attached information questionnaire has been fully completed and that the information given therein is true. I further acknowledge that it shall be the duty of the participant or legal guardian if participant is a minor, to inform McCracken's Gymnastics and Swim School, Inc., **in writing**, of any change in information sought in the questionnaire and further to notify the said school **in writing** of any condition or circumstances whether believed to be temporary or permanent which might affect the student's ability to participate safely in the course of instruction.

If participant is a minor, this release must be signed by the participant's parents or legal guardian.

I, _____, as parent (legal guardian)

of _____, the person executing the foregoing release do hereby give my permission of said persons to participate in the said program and consent to all terms and conditions of said release.

Parent's Signature: _____

← **Sign after printing**

Home Address
(if different than the address above) _____

