



General Release of Any and All Liability

Child's Name: _____

Address: _____

Phone: _____ Parent Email: _____

DOB of Participate: _____

Special Event: _____ (Class, clinic, Flippin Fun Night, Open Gym, etc)

Assumption of Risk

I understand that participation is entirely by my own choice and with the understanding that there is risk and the possibility of accidental injury in any activity involving unusual motion or height.

I've read the above and agree.

Release of Liability

Having been informed of the activities to be conducted by the Gymnastics Academy of Charleston LLC, I as parent or guardian of the participant, give my approval for the above named student's participation in any and all activities of the program, including the use of inflatables. In consideration of my or the student's participation in any and all activities at the Gymnastics Academy, I hereby forever waive, and forever release and discharge the Gymnastics Academy of Charleston LLC, owners, directors, professional consultants, and employees from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors, and facilities.

I've read the above and agree.

Parent Communication

We believe that keeping the lines of communication open between staff, parents and gymnasts is important. We have found the best way to establish this communication in this day and time is through email. Therefore, please make sure we have your correct email address on file. We will send out updates to keep you current on upcoming events. Our website is another source of communication. All upcoming events are posted on the website for your convenience, www.gacgym.com. Finally, we want you to feel free to call the front desk with any concerns, questions, compliments, and/or feedback you might have.

I've read the above and agree.

Parent name (Printed) : _____

Parent Signature: _____ Date: _____