



Owego Gymnastics Party Release Form

Child's Name _____ Parent's Name _____

Email: _____

Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Your son/daughter has been invited to a party on _____(DATE) AND I understand that all activities are done at the participant's own risk, without liability to this Center, its officers or instructors and I intend this statement to take effect as a sealed instrument.

Any allergies or health conditions: _____

Media Release: We may use your child in our media, includes but not exclusive to newsletters, slide shows). **Yes No (circle one) Absence of circle is consent.**

Signature of parent: _____ Date: _____



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