

## Owego Gymnastics Family Fun Release Form

Family's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Email address: \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Members of Family Name: \_\_\_\_\_

Members of Family Name: \_\_\_\_\_

Members of Family Name: \_\_\_\_\_

Members of Family Name: \_\_\_\_\_

Members of Family Name: \_\_\_\_\_

Members of Family Name: \_\_\_\_\_

**Any allergies or health conditions for members of family (list member name and condition):**

\_\_\_\_\_  
\_\_\_\_\_

**Parents Release Form Media Recording** I grant permission to Owego Gymnastics and Activity Center to use the image of my family, \_\_\_\_\_, in materials that include, but may not be limited, to brochures and newsletters. **Yes/No (absence of circle is consent)**

I, \_\_\_\_\_ (responsible adult) of the above members of this family, hereby give permission for the above family to participate at Owego Gymnastics and Activity Center and all activities associated with the program attended at the Center.

I understand that gymnastics is a sport that involves height and rotation of the body; therefore there are inherent risks involved. I hereby testify as to my son's/daughter's qualified, in good health, and in proper physical condition to participate and I authorize the Owego Gymnastics and Activity Center to seek Medical Treatment at the nearest Medical Facility in case of emergency.

An inherent risk of exposure to infectious diseases exists in any public place where people are present. By entering Owego Gymnastics & Activity Center, you voluntarily assume all risks related to exposure to a contagious disease.

I am aware that activities in the Center may involve incidental contact with other children and staff. In addition, our staff will physically assist/spot when they believe that this would improve safety, and will also provide assistance in the event of an injury. I understand and agree that physical assistance/spotting will be a part of the process at OGAC and I agree to permit the OGAC staff to physically assist my child whenever they believe this assistance is needed.

I agree and understand that all activities including inflatables, tumble trak, ropes and the use of other equipment are done at the participant's own risk, without liability to this Center, its officers or instructors and I have read and agree to follow the Parent/Guardian Responsibilities.

Signature of parent: \_\_\_\_\_

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