



**NORTH FLORIDA GYMNASTICS
AND CHEERLEADING
SPECIAL EVENT RELEASE FORM**

Release form for each child participating in a special event must be completed and returned to the office prior to event.

Eligibility: I agree to comply with the rules of **North Florida Gymnastics and Cheerleading**.

1. Medical attention: I hereby give my consent to **North Florida Gymnastics and Cheerleading** to provide, through the medical staff of it's choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
2. Waiver and release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics and cheerleading activities and events.

I further agree that **North Florida Gymnastics and Cheerleading**, and the sponsor of any **North Florida Gymnastics and Cheerleading** event along with the employees, agents, officers, directors and owners of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in the event. I assume all risks associated with participation in the sport of gymnastics and/or cheerleading, including any accidental injury that may be sustained as a result of, or incidental to gymnastics or cheerleading instruction, now or any time in the future, seen or unforeseen. I hereby release **North Florida Gymnastics and Cheerleading**, it's owners and employees, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of **North Florida Gymnastics and Cheerleading** in or upon the premises of **North Florida Gymnastics and Cheerleading**. **North Florida Gymnastics and Cheerleading** recommends a Doctor's physical for participation in gymnastics and cheerleading for your child's benefit.

Participant Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Signature of parent or guardian _____

Please print name signed _____

Date _____



**NORTH FLORIDA GYMNASTICS
AND CHEERLEADING
SPECIAL EVENT RELEASE FORM**

Release form for each child participating in a special event must be completed and returned to the office prior to event.

Eligibility: I agree to comply with the rules of **North Florida Gymnastics and Cheerleading**.

1. Medical attention: I hereby give my consent to **North Florida Gymnastics and Cheerleading** to provide, through the medical staff of it's choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.
2. Waiver and release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics and cheerleading activities and events.

I further agree that **North Florida Gymnastics and Cheerleading**, and the sponsor of any **North Florida Gymnastics and Cheerleading** event along with the employees, agents, officers, directors and owners of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in the event. I assume all risks associated with participation in the sport of gymnastics and/or cheerleading, including any accidental injury that may be sustained as a result of, or incidental to gymnastics or cheerleading instruction, now or any time in the future, seen or unforeseen. I hereby release **North Florida Gymnastics and Cheerleading**, it's owners and employees, jointly and separately, from any and all personal injury claims arising through or from participation in activities as a student of **North Florida Gymnastics and Cheerleading** in or upon the premises of **North Florida Gymnastics and Cheerleading**. **North Florida Gymnastics and Cheerleading** recommends a Doctor's physical for participation in gymnastics and cheerleading for your child's benefit.

Participant Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Signature of parent or guardian _____

Please print name signed _____

Date _____