

BARRON GYMNASTICS – Special Activities

Date of Activity: _____ Birthday Party Field Trip Camps Specialty Clinics
 Kids Activity Night Open Gym Special Activity

Child's Name: _____ *EMAIL ADDRESS: _____

Female Male Age: (must be 21 years old or younger) _____ Birthdate: _____

Current Barron Student: Yes No – (If not a current Barron Student please fill out information below.)

Parent's Name (Please Print): _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell/Emergency Phone (during this activity): _____

Medical, Physical or Other Concerns (if applicable consult staff): _____

– ALL CHILDREN MUST HAVE THE RELEASE FORM SIGNED BY THEIR PARENT TO PARTICIPATE. –

RELEASE

To the extent permissible by law, I/we hereby release, discharge and/or otherwise hold harmless and indemnify Barron Gymnastics, it's owners, officers, directors, employees and associated personnel, from and against any and all demands, claims and causes of action arising, directly or indirectly, from my child's/ward's participation in its programs. **THIS RELEASE SPECIFICALLY INCLUDES ANY DEMANDS, CLAIMS AND CAUSES OF ACTION ARISING OUT OF THE PAST OR FUTURE NEGLIGENT ACTS AND/OR OMISSIONS OF BARRON GYMNASTICS, IT'S OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND ASSOCIATED PERSONNEL. PHOTOGRAPHS AND STATEMENTS:** I AUTHORIZE USE OF MY CHILD'S VISUAL IMAGE AND STATEMENTS IN SOCIAL MEDIA, NEWSLETTERS, POSTERS, AND OTHER ADVERTISING.

Signature of Parent: _____ Date: _____

