



Come Tumble With Us!

North Raleigh Gymnastics

5400 Atlantic Springs Road Raleigh, NC 27616 (919) 790-9400

RELEASE FORM

Student's Name _____ Age _____ Date of Birth _____ Sex _____

Address _____ City _____ Zip _____

Home Phone: _____

Mother _____ Work Phone _____ Cell Phone _____

Father _____ Work Phone _____ Cell Phone _____

Phone number during gym activity _____

Special Instructions or Medical Issues _____

ACKNOWLEDGE OF RISK AND WAIVER OF LIABILITY

I hereby consent to my child participating in the programs of Gymnastics, Inc. d/b/a North Raleigh Gymnastics (NRG). I understand that injuries can occur and risk is involved in any athletic activity for my child, especially gymnastics activity that involves height and motion.

I further agree that NRG, along with the employees, agents, officers, and directors of NRG shall not be liable for any losses or damages occurring as a result of my child's participation in gymnastics, including transportation to and from activities, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

This acknowledgment of RISK AND WAIVER OF LIABILITY has been read and is signed voluntarily.

X _____

Parent or Guardian's Signature

Date