

**NAYDENOV GYMNASTICS
BIRTHDAY PARTY RELEASE FORM**

Child's Name: (Last)_____ (First)_____ M F

Child's Birthday: (month)_____ (day)_____ (year)_____

Parent's Name: _____ Phone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

RISK: I understand that there is **risk of serious injury** and that Naydenov Gymnastics (NG) will take Precautions to prevent accidents but does **not provide medical coverage for participants**.

RELEASE: I hereby consent to have my child/ward participate in programs offered by Naydenov Gymnastics. Simple first aid will be administered to all minor injuries. Parent or doctor will be contacted if necessary. I hereby agree that my child, adopted or otherwise, my heir or executors, waive and release all rights and claims that I may have at any time against NG. I understand the risks involved in respect to such programs.

PERMISSION FOR MEDICAL TREATMENT: I confirm that the above named participant(s) is in good health. I hereby authorize NG to administer simple first aid. I also authorize a medical exam, x-rays, or a medical/surgical diagnosis as deemed necessary by the participant's physician or hospital.

Signature _____ Date _____

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