

**NAYDENOV GYMNASTICS  
PARENT'S NIGHT OUT RELEASE FORM**

1<sup>st</sup> Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENTS:** If you pick your child up after 11:05 pm you will be charged \$1.00 per minute that you are late, per child!!

**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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