

PARENT/VISITOR RELEASE FORM
NAYDENOV GYMNASTICS

Parent/Visitor Name: _____

(Parent/Visitors are not to use any of the equipment in the gym for themselves, but are allowed in the gym area)

Emergency Contact: _____ Phone: _____

RISK: I acknowledge that participation at Naydenov Gymnastics (NG) entails known and unknown risk that could result in **physical or emotional injury, financial distress, broken bones, paralysis, or death.**

RELEASE: I hereby agree that myself or 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 or its representatives, whether paid or volunteer, for any injury or damages in connection with the activities offered at NG.

AGREEMENT TO PARTICIPATE: I understand the risk of injury from other participants and **various mating and obstacles** in the gym. If you or your child/ward is injured, you or your child/ward may require **medical assistance, at your own expense.** I expressly agree and promise to accept all risk existing in this activity. My participation or my child/ward participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

Signature _____ Date _____