



Participation & Release Form

Parent's Night Out

*Bring a Smile and Bare Feet!!*

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ M / F  
Participant's Name Birthdate Age Gender

**Participation Consent:**

I realize that participation in gymnastics or related activities is not risk-free, and that the possibility of serious or catastrophic injury from participating is possible. Understanding this, I agree to grant permission for my child to participate in activities at Acadiana Gymnastics.

**Medical Release:**

I hereby grant permission for the staff of Acadiana Gymnastics to render a judgment on the needs of my child and to seek immediate treatment, if necessary, in the event of my absence or inability to grant permission. I further agree to hold Acadiana Gymnastics, its staff, and management harmless in the event of an injury to my child through participation in activities or programs at Acadiana Gymnastics.

Having read and agreeing to the above, I give my permission for my child to participate in the Parent's Night Out at Acadiana Gymnastics.

\_\_\_\_\_  
Signature of Parent / Guardian Date

\_\_\_\_\_  
Email Address Phone Number



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