



Participation & Release Form

Adult Gymnastics

Participant's Name

____/____/____
Birthdate

Email Address

Phone Number

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 participant is possible. Understanding this, I agree 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 myself and to seek immediate treatment, if necessary. I further agree to hold Acadiana Gymnastics, its staff, and management harmless in the event of an injury to myself through participation in activities or programs at Acadiana Gymnastics.

Having read and agreeing to the above, I will participate in the Adult Gymnastics class at Acadiana Gymnastics.

Signature of Participant

Date



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