



Guest Release Form



Child's Name: _____ Date of Birth ____/____/____
 Parent's Name: _____ Phone Number: _____
 Address: _____ City: _____ Zip _____
 Email: _____@_____ Please do not alert me to upcoming events
 Have you ever been to SAGA before? _____ When? _____
 Physical or Behavioral Conditions we should be aware of: _____
 Medication or Food Allergies? Yes No If Yes, What? _____

PERMISSION TO PARTICIPATE

I (please print) _____, as parent/guardian, grant permission and consent for my child, _____, and myself, to participate in activities at Sandia Acrobatic Gymnastics Academy. I understand, am fully aware of, and recognize the inherent risks, including the possibility of catastrophic injury, as well as other damages and losses associated with participation in the sport of gymnastics. I assume these risks on behalf of my child and myself. I further agree that Sandia Acrobatic Gymnastics Academy, along with the employees, officers, and directors of this organization, shall not be liable for any losses or damages occurring as a result of participation in it's gymnastics program. I hereby give permission for any and all medical attention to be administered to my child in the event of accident, injury, sickness, etc. until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

Signature: _____ Date: _____



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