

Permission to Participate

(to be filled out and signed by a parent or legal guardian, please print)

I hereby give my consent for _____ (full name of child attending party) to participate in any activity at Mountain Gymnastics Training Center (MGTC) Inc. In case of emergency, I give my consent to MGTC, Inc. to seek medical care should it become reasonably necessary in the course of such activities. It is fully understood that participation in physical activity, even under the best of conditions, carries with it a reasonable assumption of risk. I agree NOT to hold MGTC, Inc. or anyone acting in its behalf responsible for any injury occurring to the above-named student or myself in the course of this activity.

First & Last Name of Child _____ Age _____

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Name (Print) _____

Street Address _____

City/State/Zip _____

Home Phone _____ Emergency Phone _____

Email Address _____