

Medical Release form for Richardson Gymnastics Birthday Parties

Participation Release

I, the undersigned parent/legal guardian of _____ permit the above named child to participate in the following described program of Richardson Gymnastics. I understand that any sport or activity involving motion or height creates the possibility of serious injury.

In consideration of your accepting my child, I hereby for myself, my child, my heirs, executors and administrators, waive and release any and all claim for damages, I or my child may have against the City of Richardson and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by City of Richardson.

Executed this _____ day of _____, 20_____.

Parental/Legal Guardian Signature _____

I, _____, authorize the necessary medical attention including but not limited to first aid, ambulance service and transportation and hospital admission. I will authorize staff, or authorized medical facility to treat my child for injury or illness he/she has.

Parent/Legal Guardian Signature _____ Date: _____